Psychological Monographs

General and Applied

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Price $2.00

Edited by Norman L. Munn

Published by the American Psychological Association, Inc.

Psychological Monographs:

General and Applied

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Vol. 75, No. 7 Whole No. 511, 1961

Psychological Monographs: General and Applied

THE PROCESS OF GROUP PSYCHOTHERAPY: RELATIONSHIPS BETWEEN HYPOTHESIZED THERAPEUTIC CONDITIONS AND INTRAPERSONAL EXPLORATION[1]

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THIS INVESTIGATION was designed to contribute to an understanding of the sources of variation in outcomes of group psychotherapy. More specifically it was designed to clarify the relations existing in group psychotherapy between certain characteristics of the therapist's responses and patient intrapersonal exploration, and certain characteristics of the group atmosphere and patient self-exploration.

In recent years considerable research has been accumulated which supports the conclusion that group psychotherapy can facilitate constructive personality or behavioral change in persons described as mentally ill, alcoholic, emotionally disturbed, or psychotic (Baehr, 1954; Cadman, Misbach, & Brown, 1954; Ends & Page, 1957; Fleming & Snyder, 1947; Geller, 1950; Gorlow, Hoch, & Telschow, 1952; Gosline, 1951; Graeber, Brown, Pillsbury, & Enterline, 1954; Gurri & Chasen, 1948; Hobbs & Pascal, 1946; Klapman, 1951; Mann & Semrad, 1948; Peres, 1947; Peyman, 1956; Powdermaker & Frank, 1953; Sacks & Berger, 1954; Slavson, 1956; Tucker, 1956). An examination of this evidence, however, reveals that group psychotherapy is not uniformly facilitative of constructive personality change in patient members. Some group psychotherapy groups do not reliably facilitate constructive change in any members: some individual members of a group are facilitated in constructive change while other members of the same group appear to be unaffected by group psychotherapy.

In a research study designed to explore sources of variation in outcomes between groups, Ends and Page (1957) focused upon differences related to the orientation of the therapist. Using a latin square design, four therapists used four different theoretical orientations in the resulting 16 groups: a didactic learning theory approach, a leaderless-group approach, a neopsychoanalytic approach, and a client centered approach. The member patients were hospitalized alcoholics, so that available follow-up data dealt with continuance or remission of alcoholic behavior specifically rather than with more general outcomes of group psychotherapy. The reported results, although based upon relatively small samples of patients, due to a very high drop-out rate, indicated that the client centered approach resulted in significantly greater remission of alcoholism when compared to either the didactic learning approach or the use of leaderless groups. Examination of the data reveals no difference between the client centered and the analytic approaches in remission rates, with both yielding ratios of remission to nonremission of approximately 1:2 while ratios of approximately 1:5 are obtained for the didactic learning and leaderless-group approaches.

[1] The present research was conducted in partial fulfillment of the requirements for the PhD degree under sponsorship of Carl R. Rogers at the University of Wisconsin. This research would not have been possible without the support and cooperation of the staff of Mendota State Hospital, particularly Gilbert B. Tybring and Forrest Orr. Appreciation is also extended to the following persons who contributed heavily to the present research as therapist or sample judge: Allyn Roberts, Frank Farrelly, Ed Williams, and Emily Early. This research was begun while the author was a staff psychologist at Mendota State Hospital and completed during a research associate appointment at Iowa Child Welfare Research Station, State University of Iowa.

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These results strongly suggest that activities of the therapist are significantly related to variations in outcomes *between* group psychotherapy groups. The present author's personal observations of group psychotherapy suggest that the behavior of the therapist varies from session to session and from patient to patient despite attempts to maintain a specific therapeutic approach. If these observations are indeed valid, then it might be expected that variations in outcomes *within* a group would be related to variation of the therapist's responses within the group.

Some evidence for this expected relationship is available from a study by Hobbs and Pascal (1946), which was partially reported by Gorlow et al. (1952). They analyzed verbatim transcripts by classifying patient responses as either therapeutically positive or therapeutically negative, and, therapist responses as either client centered, eclectic, or didactic-authoritarian. Thus they were studying relationships internal to group psychotherapy sessions rather than setting up distinctions between groups. Their reported results indicated that both client centered and eclectic responses by the therapist were more highly associated with positive therapeutic statements by patients than didactic-authoritarian responses by the therapist.

The results of the Hobbs and Pascal and the Ends and Page studies together point to the activities of the therapist as a significant source of variation in outcomes in group psychotherapy. Additionally, the results of both studies indicate that a didactic-authoritarian approach is relatively ineffective when compared to eclectic, analytic, or client centered approaches. This latter finding suggests a fruitful approach to the difficult problem of obtaining valid and sensitive measures of outcomes. The effective therapeutic approaches have in common the goal of facilitating self-exploration, while didactic and authoritarian approaches would be expected to inhibit self-exploration.

It is here postulated that intrapersonal exploration is a sufficient antecedent condition for constructive personality change in psychotherapy. If this statement is veridical, then the study of group psychotherapy can be simplified by focusing upon conditions which facilitate intrapersonal exploration, rather than dealing with a large number of specific and value-laden changes in behavior.

Clinical observations support such a statement. In successful psychotherapy, both individual and group, the patient is involved in a process of intrapersonal exploration—a process of coming to understand one's beliefs, values, motives, and actions—while the therapist by reason of his training and knowledge of psychology is attempting to facilitate this process. In the terminology of psychoanalytic theory this process is described as the patient becoming aware of or exploring unconscious material and the distortion effects of that unconscious material upon perception of reality (Munroe, 1955). For client centered theory this

> optimal therapy has meant an exploration of increasingly strange and unknown and dangerous feelings in himself. . . . thus he becomes acquainted with elements of his experiences which have in the past been denied to awareness as too threatening, too damaging to the structure of the self (Rogers, 1955, unpublished).

In addition to clinical findings, there exists considerable research evidence to support the hypothesis that intrapersonal exploration is a sufficient condition for constructive personality change. This evidence is largely available from studies of individual psychotherapy, although Peres (1947) reports a study of client centered group psychotherapy comparing patients who benefited from therapy with patients who showed no detectable benefit. Using tape recordings of group psychotherapy sessions, she classified patient statements into those referring to personal problems and those not referring to personal problems. The results indicated that both groups made equal numbers of references to personal problems early in therapy, but that the benefited group made significantly more personal references in the last half of therapy, while the nonbenefited group made fewer such personal references. Considering all sessions combined, the benefited group made almost twice as many personal references

as did the nonbenefited group.

Using data obtained from individual psychotherapy, Braaten (1958) reports that when early and late interviews from more successful cases are compared with early and late interviews from less successful cases, the more successful cases show a significantly greater increase in the amount of self-references. Also, expression of the private self—his awareness of being and functioning, his internal communication—also increased significantly more in the successful than in the less successful cases.

Tomlinson (1959), in a very recent study comparing more and less successful psychotherapy cases, used the Process Scale to evaluate differential changes from early to late interviews. This scale was devised by Rogers and Rablen (1958, unpublished) to measure quantitatively the amount and extent of intrapersonal exploration. The results indicated that the more successful patients showed a significantly greater increase in the amount and extent of intrapersonal exploration from early to late interviews when compared to the less successful cases.

As early as 1948 a study of client centered individual psychotherapy by Steele (1948) indicated that, in comparing more with less successful cases, the more successful clients increasingly explore their problems as therapy proceeds, while less successful clients explore their problems less as therapy proceeds. Similar results are reported by Wolfson (1949), while supporting evidence is available in the reports of research by Seeman (1949) and Blau (1953).

The above studies, then, are interpreted as confirming evidence for the conclusion that intrapersonal exploration is a sufficient antecedent condition for the consequence of constructive personality change. There is, in the opinion of the present author, considerable heuristic value in such a conclusion since intrapersonal exploration is much more amenable to operational definition and measurement than is the value-laden concept of constructive personality change. Further, intrapersonal exploration can be measured directly from the psychotherapy interview data.

General Outline of Research Approach

From the above discussion three general suggestions for research into the sources of variations in outcomes of group psychotherapy emerge: (*a*) an investigation of the therapeutic group psychotherapy process can fruitfully proceed by investigating conditions which facilitate intrapersonal exploration in the group setting; (*b*) the investigation of facilitative conditions can fruitfully be focused upon the characteristics of the therapist's responses; and (*c*) the characteristics of the therapist's responses most likely to facilitate intrapersonal exploration are those common to client centered, eclectic, and analytic therapists and not held in common by didactic, authoritarian, or leaderless-group therapists. These suggestions are equally applicable to individual and group psychotherapy. Observations by the present author, Slavson (1956), and Powdermaker and Frank (1953) suggest that a single patient in the group psychotherapy setting is not only responded to by the therapist, but also by other patient members. It would seem reasonable, then, to expect that the investigation of facilitative conditions can fruitfully be focused also upon such responses by patient members. Such interpersonal interactions among the group members can be conceptually abstracted, and hence measured, as group characteristics.

The present research investigation, then, was designed to evaluate statistically the relationships between intrapersonal exploration and specific hypothesized therapist conditions (characteristics of the therapist's responses) and specific hypothesized group conditions (characteristics of the group atmosphere abstracted from interpersonal interactions among group members).

Hypothesized Therapeutic Conditions

Therapist Conditions

Both psychoanalytic (Alexander, 1948; Ferenczi, 1950) and client centered (Rogers, 1951, 1957) therapists have emphasized the importance of positive warmth and acceptance of the patient by the therapist

and his understanding attitude toward the patient, also both the analytic and client centered theorists have emphasized that the therapist be mature and integrated in the therapeutic relationship. These characteristics of the therapist have been presented in an organized theoretical statement by Rogers (1957), in which he hypothesizes that three characteristics of the therapist in the therapeutic relationship, when adequately communicated to the patient, are both necessary and sufficient conditions for constructive personality change: empathic understanding of the patient by the therapist, unconditional positive regard for the patient by the therapist, and the genuineness or self-congruence of the therapist in the relationship.

While it would be difficult to establish the necessity of these three therapist conditions —indeed the author would agree with Ellis (1959) that any specific condition is unlikely to be necessary—there is evidence to suggest that these conditions are therapeutically relevant. In a study of individual psychotherapy, Halkides (1958), selected 10 cases of most successful and 10 cases of least successful patients and then selected early and late interviews from which she randomly sampled interaction units. Her results indicated significant relations between each of the hypothesized three conditions and success and nonsuccess in therapy. In a more recent study Barrett-Lennard (1959) developed scales to measure these three therapist conditions by means of an inventory taken by the patient after the fifth interview. His results indicated that more experienced therapists were perceived by patients as having greater empathy, unconditional positive regard, and genuineness. Further, in the more psychologically disturbed patients of his sample of clients, these conditions were significantly associated with successful therapy. In both studies high correlations were also obtained between the three conditions, so that it is questionable whether or not the three therapist conditions contributed independent sources of variation in outcomes.

The emphasis of psychoanalytic writers in discussions of understanding the patient is differentiable from that of client centered writers in their stress upon diagnostic accuracy or sensitivity to feelings or experiences, rather than upon a sharing quality (Alexander, 1948; Ferenczi, 1930). Thus a fourth therapist condition hypothesized to relate directly to intrapersonal exploration is a combination of psychoanalytic and client centered views. This is the accuracy of the therapist's response to the patient's feelings or experiences, *accurate empathy*. The importance of accuracy of the therapist's response has only been slightly touched upon by research. However, Gillespie (1953) reports that verbal signs of resistance in client centered therapy, excluding within-client signs, are preceded by therapist errors of inaccurate clarification or interpretation.

In analyzing empathic ability or a general tendency to have warm feeling and liking for one's patient, several writers have pointed to the role of *assumed similarity* (the tendency for a judge to describe himself and the stimulus object in the same way). The results of studies by Bender and Hastorf (1953), Cronbach (1955), and Rodgers (1959) suggest that assumed similarity may be an underlying determiner of both accurate empathy and unconditional positive regard. Further, the results indicate that when favorability is controlled, there is no relationship between assumed similarity and real or actual similarity. That is, these findings suggest that a therapist may communicate positive warmth and empathic understanding to a patient only when he assumes a similarity between himself and the patient. On the basis of the author's observations of group psychotherapy led by a wide variety of therapists, a high degree of assumed similarity by the therapist between self and patient seems to minimize the patient's fears of others thinking his inner thoughts to be strange or crazy. Such fears in the author's experience, are a prime source of inhibition of intrapersonal exploration in group psychotherapy.

It will be remembered that in Rogers' statement of the necessary and sufficient conditions for constructive personality change, emphasis was placed upon the com-

munication of these therapist attitudes to the patient. It might be expected that, other things being equal, the more frequent the initiation of communication by the therapist, the more these three therapist conditions will be communicated. Further, greater responsivity of the therapist would be expected to communicate greater interest and ego involvement of the therapist to the patient. A research study by Dittman (1952) into the process of individual psychotherapy deals directly with the degree of therapist participation or responsivity. When the patient statements are classified into retrogressive and progressive movement, it was found that high participation by the therapist is associated with progressive movement of the patient.

A final therapist condition here hypothesized to facilitate intrapersonal exploration in group psychotherapy is the degree of leadership provided by the therapist for the group. It is assumed that leadership by the therapist is necessary to develop facilitative group conditions such as those described below. Although direct research evidence is lacking, the findings of Ends and Page of the therapeutic ineffectiveness of leaderless groups suggest the importance of leadership as a relevant variable in the study of group psychotherapy.

Specifically, then, the following seven therapist conditions are hypothesized to show a positive relationship to measures of intrapersonal exploration in group psychotherapy:

1. Empathic Understanding
2. Accurate Empathy
3. Genuineness or Self-Congruence
4. Unconditional Positive Regard
5. Assumed Similarity of self and patients
6. Responsivity
7. Leadership

Group Conditions

In a theoretic consideration of effective variables in group psychotherapy it would seem desirable to classify group conditions, abstractions of characteristics of the group atmosphere, into two classes: conditions that are relatively under the direct control of the therapist, and conditions that are indirectly influenced by the therapist. We shall consider the latter first.

It might be anticipated that if genuineness or self-congruence on the part of the therapist is facilitative of intrapersonal exploration in individual psychotherapy, then genuineness of group members would be facilitative in group psychotherapy. From the author's experience genuineness of the group members is only indirectly influenced by the therapist; he cannot require that patients drop their facade during the group psychotherapy session.

Studies of small groups, and, particularly studies of attitude or opinion change in small groups, have suggested that group cohesiveness should be considered as a therapeutically relevant group condition. Cohesiveness of a group, which again is only indirectly influenced by the therapist, can be defined as the strength of all forces acting on the members to remain in the group. As such it would include the "liking" of the group members, the desire for relief from anxiety, pressure from family and friends, confidence in the therapist, etc. Although this variable has not been studied in relation to group psychotherapy, other research is relevant. Back (1951), studying experimental groups, reports that the greater the cohesiveness of the group the greater is the amount of influence exerted on members. Further, his results show that irrespective of the nature of the attraction to the group, members of high cohesive groups are less resistant to influence. Festinger, Gerard, Hymovitch, Kelley, and Raven (1952) in studying deviates and conformists find that deviates in high cohesive groups show less confidence in their opinions, and greater readiness to change their opinions. In the setting of group psychotherapy with schizophrenics this might suggest that delusional material is more easily given up by the patient in a high cohesive group than in a low cohesive group.

A third characteristic of the group atmosphere here hypothesized to relate positively to the amount of intrapersonal exploration is the degree of ego involvement of the group in the current discussion. Again, al-

though this has not been investigated as a therapeutically relevant variable it would be expected that ego involvement of the group members in the discussion would be reinforcing to the patient expressing his feelings or experiences, and would hence lead to further expression of feelings or experiences.

The following group conditions, indirectly influenced by the therapist, are specifically hypothesized to show a positive relationship to intrapersonal exploration in group psychotherapy:

1. Genuineness or Self-Congruence of the group members
2. Cohesiveness of the group
3. Ego Involvement of the group members in the discussion

The degree to which the group is discussing specific and concrete feelings or experiences, rather than general and abstract feelings or experiences, is relatively under the direct control of the therapist. It has been the author's observation that therapists indeed do either point the discussion in group psychotherapy toward specific or toward abstract and general feelings or experiences. Although this characteristic of group psychotherapy has not been specifically discussed as a variable in theories of psychotherapy, or in research, the crucial importance of this variable for psychotherapy is implied in the discussions of client centered and psychoanalytic theory. Freud's initial position stressed two points (Freud, 1950), both of which remain basic to analytic theory: the recovery of repressed memories, and the handling of repressed affects. Release from repression is stated as essential to therapy. From Freud's discussion it is quite clear that even when these memories and affects are fantasy productions, they are specific and concrete and *not* abstract. In Rogers' discussion of empathic understanding, too, there is reference to specific experiencings of the patient rather than to abstractions of experiencings (Rogers, 1951; 1955 unpublished; 1958). Indeed, both client centered and analytic therapists generally regard a patient's discussion of abstractions as defensive rather than exploratory.

A second group condition relatively under direct control of the therapist that is hypothesized to show a positive relation to intrapersonal exploration is the degree of de-individuation characteristic of the group. De-individuation refers to a response to others in terms of what the other is communicating rather than a response to "who" the other is as a person. That is, de-individuation is the opposite of personalization of interaction. It might be speculated that a response to the person tends to demand a reciprocal response which would inhibit intrapersonal exploration, while a response to the expressed feeling or experience would tend to demand further exploration. Although this variable has not been considered as therapeutically relevant either in theory or research, it has been used in research in experimental small groups. Festinger, Pepitone, and Newcomb (1952), report research results which indicate that under conditions of high de-individuation in a group setting, there is a reduction of inner restraint and an increase in reported satisfaction with the group experience when compared to conditions of low de-individuation.

It might be expected that if empathic understanding of the patient by the therapist is facilitative of intrapersonal exploration, then empathic understanding by other patient-members in group psychotherapy would also be therapeutically relevant.

A similar expectation might be held for the facilitative effects of unconditional positive regard of the group toward its members. However, in this case it seems plausible that this concept, as applied to characteristics of a group, might merge with a general supportive attitude of the group that may be therapeutically undesirable. That is, there appears to be a thin line between warmth, which is conceived to be facilitative, and an attitude of support and minimization of one's problem, which is conceived to inhibit intrapersonal exploration. For this reason, three measures which have in common positive affect are included in the present study: unconditional positive regard of the group for its members, cooperative and mutually helpful group spirit, and group sociability. All three variables

focus upon positive affect within the group, and thus would be thought to operate by minimizing internal friction and maximizing trusting relationships between group members.

Since group unconditional positive regard would tend to have relatively more warmth and less supportive "minimization of problems" than group sociability, a higher positive relationship to intrapersonal exploration would be expected for the former.

Although the effects of positive warmth have not been studied in group settings, the replicated study by Carter (1954) of experimental groups indicates that sociability is one of three factors which together grossly (adequately) describe interaction behavior of individuals in groups. For the present, then, it is assumed that all three variables are facilitative of group psychotherapy.

The following group conditions relatively under direct control of the therapist, then, are hypothesized to show a positive relation to intrapersonal exploration:

1. Concreteness or Specificity of expression of feelings and experiences
2. De-individuation
3. Empathic Understanding by the group of its members
4. Unconditional Positive Regard by the group toward its members
5. Group Spirit of Cooperation and Mutual Helpfulness
6. Group Sociability

Procedure

The data used in the present investigation to evaluate the hypotheses under study were 3-minute samples of verbal interaction obtained from transcriptions of tape recorded sessions of 42 successive hours of group psychotherapy from each of three separate groups. The three groups from which samples were drawn were open-ended groups of hospitalized mental patients; each group was led by a different therapist who had had previous experience with hospitalized patient groups. Measurements of intrapersonal exploration and of therapist and group conditions were obtained for each sample. The test of the hypotheses under study was the testing for statistical significance of association between the measures of conditions and the measures of intrapersonal exploration.

Using such a procedure, the findings of reliable relationships between hypothesized facilitative conditions and measures of intrapersonal exploration, while not providing positive evidence of causal relations, would serve as support for such a priori hypotheses of dynamics. Further, the lack of such findings serves to make less tenable such hypotheses. The present simultaneous investigation of a number of hypothesized facilitative conditions for intrapersonal exploration is not only superior to separate investigations of single hypothesized conditions in economy of research effort, but it is also superior in allowing for comparisons of relative effectiveness of conditions and for testing of the independence of effects upon intrapersonal exploration. Thus a frontal approach to the difficult problem of overlapping concepts of therapeutic conditions can be made.

The present investigation, using verbal transcripts of the group interaction as the sample, will include both constant and variable errors that might be eliminated if motion pictures with sound tracks had been used. However, the presence of random errors operates only to reduce the magnitude of obtained relationships. The presence of absolute or constant errors operates only to change the absolute values obtained for a given variable—they do not affect the relationship obtained between two measures as given by single or multiple regression techniques. Thus these two classes of errors in the present study might reduce the size of obtained relationships, but, they would never spuriously increase the size of such relationships.

The possibility of systematic errors inherent in any research, however, must be considered. In the present study systematic errors might arise from the use of raters who might be influenced in their ratings by their theoretical preconceptions. The precautions used to minimize this possibility will be discussed in the section below devoted to the rating procedure and judges.

Patients, Groups, and Institutional Setting

Thirty-nine patients attended a majority of the 42 hours of therapy, while an additional six patients attended fewer than 4 sessions. All patients were hospitalized at Mendota State Hospital for treatment of mental disorders; 17 patients were diagnosed as schizophrenic reactions, 5 as depressive reactions, while the remaining 17 members were classified as psychoneurotic reactions, character disorders, epileptic disorder associated with paranoia, manic-depressive psychosis, and pseudoneurotic schizophrenia. The patients lived on several wards. The group included patients in both closed and open wards, and in both intensive treatment wards where "therapeutic community" activities were available and on chronic wards where mainly custodial care was available. Patients ranged in age from 14 years to 53 years, with most patients being in their late twenties and early thirties. Although a few of the patients had been hospitalized for many years, the majority had been hospitalized for less than 2 years, and approximately one-fourth for less than 6 months when the research began. Since the majority of patients were from wards in the same building where social activities were planned for several wards, almost all patients had social contact with other group psychotherapy patients outside of the group setting. Member-patients reported that they would spend many hours each week in two- and three-person groups discussing and sharing their problems on the wards, so that associations established within the groups were apparently quite stable outside of the therapy sessions.

The 39 continuing patients formed two female groups of 15 and 11 members each and one male group of 13 members. The three therapists leading the groups were psychologists on the hospital staff. The therapists differed in their approach to psychotherapy along almost all dimensions. It was felt that a fairly wide range of techniques was used in the three groups; the graduate training of the three therapists was obtained at three strongly differing universities.

The three groups, taken together, can be considered as relatively highly effective; 25 of the 39 patients were subsequently discharged from the hospital and were out of the hospital at the time of a follow-up one year later. Moderate improvement was noted in eight of the remaining patients, while one patient appeared to regress during group psychotherapy, and a second patient who responded well to group therapy committed suicide 2 months after the termination of group psychotherapy.

Sample Units

Forty-two successive therapy hours for each of the three groups were tape recorded for purposes of the present investigation. The units obtained from the total of 126 recorded sessions of group therapy were typewritten transcriptions of 3-minute samples of group interaction obtained randomly from either the end of the first one-third or the end of the second one-third of each therapy hour. Thus the sample units focus upon the middle segment of therapy sessions rather than upon very early or very late sections of each session. The transcription samples began with the first statement by a "new" person after the designated starting point in the tape, and continued beyond the designated end point to finish out a response. Five of the actual samples used are presented in the appendix. This procedure resulted in some variability in the actual length of the sample; the mean sample length was 3 minutes and 8 seconds, with a range of from 2 minutes and 54 seconds to 3 minutes and 19 seconds. In two cases the original randomly selected sample unit contained no response by the therapist, so adjacent sample units were substituted so as to insure the presence of the therapist's response.

Names were deleted from the transcripts and patients were identified only within each session by "P_1," "P_2," etc., in their order of appearance. That is, P_1 would not likely be the same person in different samples. In the final typescripts, each sample was randomly assigned a code number for identification so that prospective raters were given no information as to which group a given sample came from, who the therapist was, or whether the sample was taken from early or late therapy sessions.

The transcriptions themselves, due to poor enunciation typical of group therapy, simultaneous talking by several members, and occasional extraneous noises, were a major problem. A word-for-word transcript was first obtained for each sample. Then a second person listened to the tape recording to check for word accuracy (in a few instances the patient himself was asked to listen to the tape to verify the word accuracy). Then the author rechecked the word accuracy. Finally, an attempt was made to supply descriptive adjectives of the vocal qualities of the tape recording to the transcript. Descriptions such as "rapidly," "sarcastically," and "therapist and group laughs uproariously," were added to the transcripts and then checked for agreement by a second person who listened to the tape recordings. Using such a procedure it was felt that a high level of accuracy was attained, and that the descriptive words and phrases conveyed much of the voice quality available from the recordings. The final transcripts were duplicated for use by raters.

Rating Procedure and Judges

The use of judges to obtain ratings of dimensions under study of the 126 samples was the principle method of measurement used. On the basis of small pilot studies, 9-point rating scales were devised to measure the conditions present in each sample (with the exception of therapist responsivity which was simply a frequency meas-

ure). Since more than one judge rated each sample on a given dimension, reliability or agreement estimates were available for all scales. The percentage of agreement by pairs of judges on a given scale ranged from 84 to 96 when tabulations were made for "within one point agreement" on the 9-point scales. However, since approximately one-third of the obtained ratings were given midpoint ratings, the relatively high percentage agreements might have occurred in part because judges gave average ratings to ambiguous samples. In spite of this, however, it is felt that relatively adequate reliability was attained.

In all, a total of 13 judges of heterogeneous background participated in the present study: 3 psychiatric social workers, 1 psychiatrist, 5 psychologists, 2 graduate students in clinical psychology, and 2 highly trained lay persons. The judges formed a heterogeneous sample not only in disciplinary training, but also in their orientation to psychotherapy: 5 were relatively client centered in orientation; 2 were psychoanalytic in orientation; 2 were oriented toward psychiatric group case work; and the remaining 4 described themselves as eclectic or as having a learning theory orientation. Such heterogeneity of judges should tend to minimize systematic errors arising from theoretical preconceptions.

The rating scales for conditions were randomly assigned to judges except that different judges received differing numbers of scales. A single judge, by his request, was given from three to five scales to rate. It will be remembered that in no case did the rater have information about the source of the samples, so that ratings were made "blind" with respect to the therapist in the sample, the patient, and the time in therapy from which the sample was drawn. As a further control, where judges rated several scales, each scale was done separately rather than simultaneously.

Measuring Instruments

Measurement of Intrapersonal Exploration

Since the adequacy and validity of the measurement of the criterion of intrapersonal exploration is crucial for the present investigation of facilitative therapeutic conditions, three separate measures were used. The three measures selected are considered divergent approaches to the problem of measuring intrapersonal exploration: (*a*) an adaptation of Rogers and Rablen's Process Scale (1958 unpublished); (*b*) an Insight Scale, designed to measure the occurrence of new perceptions of relationships between old experiences or feelings; and (*c*) a Personal Reference Scale, measuring the number of personal references per words emitted.

Process Scale. The Process Scale was devised to give operational meaning to the client centered conception of constructive personality change within psychotherapy sessions. It was designed to measure not only the amount of intrapersonal exploration, but also the depth or extent to which the patient explores himself in psychotherapy. Very briefly, process is defined along seven dimensions involving both cognition and feeling, and, moving from a point of fixity, rigidity, and fragmentation to a point of integrated changeness—from an external and rigid locus of evaluation to an internal and relative locus of evaluation. Validation studies have been completed demonstrating its relationship to various criteria of success in therapy, so that relatively more confidence is placed in this scale as a measure of intrapersonal exploration than in the following two scales which lack empirical validation (Hart, 1958 unpublished; Tomlinson, 1959). In the present investigation two judges did independent ratings of each of the 126 samples using the Process Scale manual. These two raters, who did not participate in any other ratings in this study, showed a moderate level of agreement on the 70-point scale as indicated by a correlation coefficient of .64. In the analysis of the data the ratings from the two raters were added together to form a pooled process rating for each sample. The correlation of part-whole for each rater's rating with the pooled rating was .84 and .79, indicating that raters contributed relatively equally to the pooled scores.

The importance of the development of insight, or the perception of new relationships between old experiences or feelings is emphasized clearly in both client centered and psychoanalytic writings. Research studies by Seeman (1949) and Blau (1953) both underscore the relationship of insight to successful individual psychotherapy. For the present study an Insight Scale was devised for application to group psychotherapy using a 9-point rating scale, defined as follows:

Insight Scale. A *low* state of insight is when group members are simply "telling their story" or "catharting"; when they are perseverating in old, "known" feelings. A *high* state of insight is when group members are able to relate previously thought-to-be-unrelated feelings or experiences; when they experience two or more feelings, etc., as related which were unrelated—when the person finds a new basis for relating feelings or experiences.

Thus the present Insight Scale differentiates between patient statements that actively explore new relationships within the self from those that simply repeat self-related material without exploring new areas or feelings. Three judges each independently rated the 126 samples. Agreement within one point between pairs of judges is given by the following percentage agreements: .87, .88, and .84. The scores for the Insight Scale used in the analysis was the mean value for the three judges, rounded off to the nearest whole number.

Personal Reference Scale. The Personal Reference Scale was simply the number of personal pronouns given by patients per sample divided

by the number of words given by patients per sample. It was felt that this would provide a very crude but objective measure of the self-orientation of the patient statements. It is logically expected that intrapersonal exploration demands self-oriented statements and thus this measure would provide some estimate of intrapersonal exploration. The Personal Reference Scale, although being a crude measure, does have the valuable characteristics of being an entirely objective measure.

In summary, the Process Scale was designed as an overall measure of the amount and depth or extent of intrapersonal exploration, while the Insight Scale and the Personal Reference Scale were designed to measure specific aspects of intrapersonal exploration.

Measurement of Therapist Conditions

Nine-point scales were devised to estimate the degree to which each therapist condition was present within each sample unit. Following the procedure used in the Insight Scale, the rating dimension was defined for high and low levels of conditions, but the exact scaling values were defined by the judges. In the case of all rated variables the scores used in the analysis were the mean values for each sample of the ratings by the two or three judges participating for each scale, rounded off to the nearest whole number. The specific scales were defined as follows:

Empathic Understanding. A *low* state of therapist's empathic understanding is when he ignores, misunderstands, or does not even attempt to sense the patient's "private world"; when he evaluates the patient, gives advice, sermonizes, etc. A *high* level of empathic understanding is when he is experiencing an accurate, empathic understanding of the patient's awareness of his own experience; to sense the patient's private world as if it were his own, but without losing the "as if" quality; to sense the patient's anger, fear, or confusion as if it were the therapist's own, yet without the therapist's own anger, fear, or confusion getting bound up in it. He can communicate his understanding of what is clearly known to the patient and can also voice meanings in the patient's experience of which the patient is scarcely aware. The therapist's remarks fit in just right with the patient's mood and content. The therapist knows what the patient means. He is able to share the patient's feelings.

Accurate Empathy. A *low* level of accurate therapist's empathy is when the therapist is no longer "with" the patient, but is off on a tangent of his own; when he has misinterpreted what the patient is feeling or experiencing; when he is responding to a feeling that is expected of the patient, but is not currently a feeling of the patient. At a moderate level of accuracy the therapist may be responding to a feeling actually present but he has overestimated or underestimated its intensity. A *high* level of accurate empathy is when the response catches the exact feeling with the exact intensity of affect. He is exactly "with" the experiencing of the patient and communicates this. He neither underestimates nor overestimates the intensity of feeling and accurately communicates this. He is responding to clarify the feeling that the patient has been, or is, struggling with.

Genuineness or Congruence. A *low* level of therapist's genuineness is when he presents a facade, either knowingly or unknowingly; a denial of actual feelings so that if his experience is "I am afraid of this patient," he might become autocratic or defensive. A *high* level of therapist congruence is when he is freely and deeply himself. This includes being himself even in ways which are not regarded as ideal for psychotherapy. This does not mean he must overtly express all of his feelings—only that he does not deny them; the opposite of a facade—that he is genuinely himself in the relationship.

Unconditional Positive Regard. A *low* level is when the therapist evaluates a patient or his feelings, when he expresses dislike or disapproval for a patient or his feelings or experiences. When the therapist expresses a selective evaluating attitude—"you are bad in these ways, good in those." A *high* level is when the therapist experiences a warm acceptance of each aspect of a patient's experience as being part of that person; when there are no conditions of acceptance and warmth; when there is as much feeling of warmth and acceptance for the client's expression of negative, "bad," or defensive or abnormal feelings as for his expression of "good," positive, and mature feelings; when the therapist experiences a nonpossessive caring for the patients—as separate persons with permission to have their own feelings and experiences; a prizing of the patients.

Leadership. A *low* level of therapist's leadership is when the interaction is primarily between patient members of the group—when members address their responses to other members, rather than to the therapist; when the therapist is little more than a participating member; when the atmosphere is laissez-faire; when other members have assumed the leadership role. A *high* level of therapist leadership is when the interaction is frequently between the therapist and other members—when members address their statements to the therapist, rather than to other members. The exercise of the leadership role by the therapist includes a very permissive leadership when it is clear that the therapist is leading, rather than just participating as a member.

Assumed Similarity. A *low* state of the therapist's assumed similarity of self and member-patients is when he sees himself as very different from patients; when he assumes that patients, their feelings, experiences, or actions are very

different from himself; when he has a conscious or unconscious feeling of "I wouldn't do or feel that." A *high* level of therapist's assumed similarity is when he sees patients as essentially people like himself; when he appears to feel that many of the patients act, feel, and are very much like himself—when he feels that under similar conditions he might feel or act in the way that they have felt or acted.

Responsivity. The final measure of therapist's conditions, responsivity, was simply a frequency count of the number of therapist responses occurring in each sample. All responses, including interjections such as "Mhm," were counted.

Measurement of Group Conditions

As in the measurement of the amount of therapist conditions occurring in each of the group psychotherapy sample units, the measurement of the group conditions involved the use of rating scales designed specifically for each of the conditions under study. The scales and the rating procedures were identical in form to those used to estimate the therapist conditions. Again, two or three judges were used for each scale and the scores used in analysis were mean rating values rounded off to the nearest whole number. The actual scales were defined for the dimensions involved as follows:

Concreteness or Specificity of Expression. A *low* level of concreteness or specificity is when there is a discussion of anonymous generalities; when the discussion is on an abstract intellectual level. This includes discussions of "real" feelings that are expressed on an abstract level. A *high* level of concreteness or specificity is when specific feelings and experiences are expressed—"I hated my mother!" or ". . . then he would blow up and start throwing things"; when expressions deal with specific situations, events, or feelings, regardless of emotional content.

De-individuation. A *low* state of de-individuation of the group is when members respond to others in terms of personal individual characteristics; when group members are clearly seen and responded to as individuals; when members attend to others as persons. A *high* state of de-individuation is when group members do not attend to others as individuals, but respond in terms of "what" was said, rather than "who" said it; when group members attend to the content or feeling of a statement rather than to "who" it came from.

Empathic Understanding. This is exactly as given under "Therapist Conditions" except that the word "group" was substituted for the word "therapist."

Cooperative Spirit. A *low* state of cooperative and mutually helpful group spirit is when there is much interindividual competition; when each member is competing to be heard; when members are exclusively concerned with themselves and their problems, so that they frequently do not listen to others; when members are attacking one another. A *high* state of coperative spirit is when members are cooperating and attempting to be helpful, even though their "help" may be inept or even harmful; when members are sincerely concerned for the welfare of other members. This includes questioning when it is an attempt to help, supportive moves, sharing of similar experiences when not self-oriented, etc.

Sociability. A *low* level of sociability is when members are problem oriented, when members interact only in terms of the content of discussion, when members interact on an intellectual level, etc.; when the quality of the interaction is unfriendly or openly hostile. A *high* level of group sociability is when members respond on a social basis—when they joke amongst themselves, when they talk about dances or social activities, etc.; when they discuss social content in a friendly, personal manner.

Genuineness or Congruence. This is exactly as given under "Therapist Conditions" except that the word "group" was substituted for the word "therapist."

Group Cohesiveness. A *low* state of group cohesion is when the group atmosphere is unpleasant or unrewarding to the members; when they do not like each other, or what is being discussed; when there is a lack of any group spirit or unity—when the group situation itself is unattractive and the members would rather not be there or do not wish to participate in the group. A *high* state of group cohesion is when the group is highly attractive to its members. There is a strong group spirit, even if it is not a therapeutically positive one. This includes the presence of satisfying relationships, feelings that members "get something out of it," and a feeling that the discussion is meaningful; when members feel the atmosphere to be pleasant—when there are strong attractions to being in the group for any reason.

Ego Involvement in the Discussion. A *low* state of ego involvement is when group members are not interested in what the group is discussing; when there is little personal investment, when the group is apathetic, superficial, or frankly bored; when members feel that what is being discussed is of no consequence to themselves. A *high* level of ego involvement is when members feel that they themselves have a "stake" in what is said; when they feel that the discussion is relevant and of importance to themselves; when they enthusiastically enter into the discussion and have a personal investment in what is being said. This includes being highly interested in the discussion even though they regard it as not being personally relevant for themselves—as when they are personally invested in helping another group member, etc.

Toward Evaluation of the Method

At the very least the present investigation studied a method for quantification of dimensional properties of interpersonal interaction in the highly complex and perplexing setting of group psychotherapy. The method involved multiple measurement, by means primarily of rating scales, of therapist and patient in the naturalistic setting of group psychotherapy. A partial proof of the validity of the method lies in its success or failure in detecting expected phenomena. Thus, to the extent that it achieves reasonable power in detecting relationships, the present method offers promise for investigation of other interpersonal interactions in other contexts. The primary requirement for adequate reliability appears to have been met, since agreements of judges within one point ranged from 84% to 96% for the scales devised for the present study.

Overall Relationships between Conditions and Intrapersonal Exploration

The primary questions posed by the hypotheses of the present investigation deal with the relevance of the therapist conditions and the group conditions to the criteria measures of intrapersonal exploration. To attempt an answer to these questions, scales were devised to quantify these characteristics occurring within the group psychotherapy setting.

It was suggested earlier that the three measures were not considered to be equivalent measures of intrapersonal exploration. Using only a priori considerations it was suggested that they could be ordered with respect to the amount of "true" measurement of intrapersonal exploration contained in the three scales. The Process Scale was considered as the overall measure of amount and depth of intrapersonal exploration; the Personal Reference Scale was considered the most crude and indirect measure. Such an ordering is also reflected in the obtained variances of the three measures and in the intercorrelations between the measures. The Process Scale with a mean of 59.25 and a standard deviation of 8.89 shows the least variability; the Insight Scale has a mean of 4.89 and a standard deviation of 1.67; the Personal Reference Scale has a mean of 92.40 and a standard deviation of 36.82. The intercorrelations between the measures of intrapersonal exploration are consistent with the a priori expectations: the correlation between the Process Scale and the Personal Reference Scale ($r = .33$) is, by the z test, significantly less than that obtained between the Process Scale and the Insight Scale ($r = .53$), while the correlation between the Insight Scale and the Personal Reference Scale ($r = .44$) lies between these two values.

In interpreting the results, then, greatest weight will be given relations between conditions and the criterion measure of the Process Scale, and, least weight will be given to obtained relations between hypothesized conditions and the criterion measure of the Personal Reference Scale.

It will be remembered that of the total 16 hypothesized therapeutic conditions, only the responsivity of the therapist was an objective frequency measure: there were 15 rating scale measures. Table 1 presents the means and standard deviations for the measures of conditions. As can be seen, the means of all rated variables approach the midpoints of the 9-point rating scales with desirable variances.

In the present single regression analyses the population used is the total 126 samples of group psychotherapy interaction taken from three heterogeneous groups. It is assumed, of course, that these samples, involving a total of 44 patients, are representative of group psychotherapy interactions common to psychotherapeutically oriented groups. To the extent that this is true, the results may be generalized to group psychotherapy in other settings.

Hypothesized Therapist Conditions

The obtained product-moment coefficients of correlation between the seven hypothesized therapist conditions and the three measures of intrapersonal exploration are presented in Table 2. Each correlation was

based upon the pooled ratings of two or more judges for both the condition and the criterion measure on 126 samples. As can be seen from Table 2, the results tend to confirm the therapeutic relevance of all hypothesized therapist conditions with the single exception of Empathic Understanding, which, although showing a relationship to both the Process Scale and the Insight Scale in the predicted direction, falls short of the required significance level. The finding of significant correlations between Accurate Empathy, Genuineness, and Unconditional Positive Regard and both the Process Scale and the Insight Scale is taken as positive support for the client centered theory of psychotherapy. The finding of significant positive relationships to the criterion measures with the scale designed to measure Accurate Empathy and the lack of significant findings with the scale designed to measure Empathic Understanding suggests either that: (*a*) the former scale is simply a more sensitive measure of empathy, or (*b*) that the effective component of empathy is *sensitivity* to feelings in the patient rather than an ability to share these feelings. Since the scales were designed to study precisely this difference in concepts of empathy, the present author would tentatively entertain the second interpretation.

The criterion measure of the rate of personal pronoun emission, the Personal Reference Scale, shows only relationships to the two measures of therapist activity level, Leadership and Responsivity. These results suggest that therapist leadership in group psychotherapy is indeed therapeutically relevant. The single therapist condition which shows a significant association with all three measures of intrapersonal exploration is Leadership, while Responsivity is related to intrapersonal exploration as measured either by the Personal Reference Scale or the Insight Scale.

Assumed Similarity shows a significant relationship to process and a highly significant relationship to the occurrence of perception of new relationships between old experiences or feelings (Insight Scale).

The results, then, of the analysis of therapist conditions tend to confirm the therapeutic relevance of the hypothesized condi-

TABLE 1

MEANS AND STANDARD DEVIATIONS OF CONDITION MEASURES

Condition Measures	*M*	*SD*
Therapist Conditions:		
Empathic Understanding	5.35	1.63
Accurate Empathy	5.00	2.02
Genuineness or Self-Congruence	6.08	1.49
Unconditional Positive Regard	4.87	1.84
Leadership	5.00	2.04
Responsivity	5.52	3.07
Assumed Similarity	5.03	1.39
Group Conditions Controlled by Therapist:		
Concreteness or Specificity	4.35	1.74
De-individuation	4.80	1.40
Empathic Understanding	5.05	1.49
Unconditional Positive Regard	4.71	1.38
Cooperative Spirit	4.69	1.70
Sociability	4.75	1.49
Group Conditions Indirectly Influenced by Therapist:		
Genuineness or Self-Congruence of group members	5.23	1.66
Cohesion	5.84	1.26
Ego Involvement	5.35	1.79

TABLE 2

CORRELATIONS BETWEEN THERAPIST CONDITIONS AND INTRAPERSONAL EXPLORATION

Therapist Conditions	Process Scale	Insight Scale	Personal Reference Scale
Empathic Understanding	.15	.15	−.07
Accurate Empathy	.34*	.33*	.04
Genuineness or Congruence	.24*	.22*	.06
Unconditional Positive Regard	.23*	.18*	−.04
Leadership	.18*	.23*	.21*
Responsivity	.04	.24*	.18*
Assumed Similarity	.25*	.41*	.11

* Significant at or beyond .05 level.

tions. Chance fluctuations in the sampling and measurement would account for the presence of only one significant correlation —and that one at only the .05 level. As it is, 13 of the 21 correlations are significant beyond the .05 level, and, only the Empathic Understanding scale fails to show a significant correlation with at least two of the three measures of intrapersonal exploration.

In order to gain a more exact understanding of the relationships described by the correlations in Table 2, the 126 samples were divided into six groups of 21 samples each, using the distribution of the Process Scale values as a basis of grouping the data. The therapist conditions were then plotted as a function of mean Process Scale level. The resulting curves for the seven hypothesized therapist conditions were essentially linear with the marked exception of the condition of Self-Congruence or Genuineness of the therapist. The plot of the regression of Self-Congruence on Process Scale level, shown in Figure 1, is essentially nonlinear; quite low values of therapist Genuineness occurred in samples with quite low Process Scale values, but there is no relationship between intermediate and higher values of process and the values of therapist Genuineness. The implication of this finding is quite clear: whereas a lack of Genuineness or Self-Congruence on the part of the therapist is indeed related to a corresponding lack of intrapersonal exploration in the patient, beyond a minimal level additional Genuineness or Self-Congruence of the therapist is not related to increased intrapersonal exploration by patients. This would suggest that the client centered hypothesis concerning genuineness of the therapist might be put in a different form, stating that a lack of therapist Genuineness inhibits intrapersonal exploration. That is, while Genuineness does not facilitate intrapersonal exploration, the presence of a conscious or unconscious facade inhibits intrapersonal exploration.

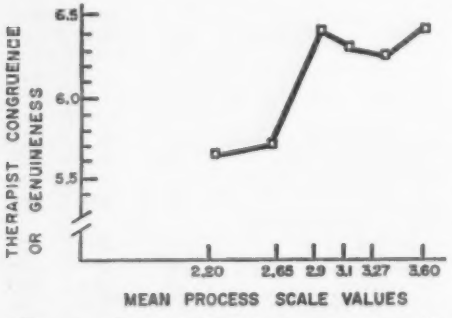

FIG. 1. The relationship between therapist Congruence and Process Scale values.

Hypothesized Group Conditions under Direct Control of Therapist

The correlation coefficients describing the obtained relationships between the hypothesized conditions and the criteria measures of intrapersonal exploration are given in Table 3. It will be immediately noted that the Concreteness or Specificity of expression of feelings or experiences by the group shows an extremely high relationship to all three measures of intrapersonal exploration; this would indicate that the group condition of Concreteness or Specificity is an extremely potent therapeutic variable. This finding is perhaps somewhat surprising in that Concreteness is a dimension of psychotherapy left largely untouched by the major theoretic viewpoints. The magnitude of the relationship suggests that psychotherapy, regardless of the viewpoint of the therapist,

TABLE 3

CORRELATIONS BETWEEN GROUP CONDITIONS DIRECTLY UNDER CONTROL OF THE THERAPIST AND INTRAPERSONAL EXPLORATION

Group Conditions	Process Scale	Insight Scale	Personal Reference Scale
Concreteness or Specificity	.47*	.63*	.47*
De-individuation	.09	−.15	.02
Empathic Understanding	.25*	.04	.03
Unconditional Positive Regard	.11	−.16	.02
Cooperative Spirit	.19*	.02	−.07
Sociability	−.12	−.26*	−.11

* Significant at .05 level.

must involve discussion of concrete and specific feelings or experiences if it is to be effective. One implication is that discussions of abstract feelings or experiences—generalized experiences or feelings—strongly inhibit patient self-exploration in group psychotherapy.

It may also be seen from Table 3, that both De-individuation and Unconditional Positive Regard show no reliable relationship to intrapersonal exploration. Perhaps part of the explanation for the lack of effect of Unconditional Positive Regard can be found in the relationships between the two other measures of group "warmth" and intrapersonal exploration. Sociability shows a negative or inhibitory relationship to self-exploration, while Cooperative Spirit shows a positive or facilitative relationship. These apparent contradictory findings are consistent with the a priori assumption advanced earlier that the three conditions aimed at group warmth involve "supportive warmth" or "minimization of problems" which tend to inhibit further self-exploration and also "understanding warmth" which tends to expect (and hence make some demand for) further intrapersonal exploration. Certainly such theoretic speculation is consistent with the negative effect of Sociability which does involve supportive statements by the group and by the positive effect of Cooperative Spirit which does involve helping others to understand themselves.

The hypothesized facilitative effect of Empathic Understanding by the group is supported with respect to the Process Scale, but not by the Insight or Personal Reference scales. That is, Empathic Understanding for a patient by the group members is related to the amount and depth of intrapersonal exploration, but not to specific aspects such as the development of new insight and the use of self-references. This lack of relationship to insight development, in contrast to the findings with therapist Empathy, might suggest that empathic understanding by the group members is related to undirected exploration. It might well be that the empathy from group members reflects an undirecting "understanding warmth," rather than a more illuminating accurate perception of the person's feelings and experiences.

Hypothesized Group Conditions Indirectly Influenced by Therapist

The correlations between the three group conditions which appear to be only under indirect control of the therapist and the measures of intrapersonal exploration are given in Table 4. It will be immediately noted that all three conditions show relatively high correlations with the criterion measures. These results would suggest that all three conditions are indeed relatively potent variables in group psychotherapy. Genuineness or Self-Congruence of the group members shows a relatively high association with all three measures of intrapersonal exploration. In contrast to the nonlinear regression of therapist Genuineness, the regression of Congruence or Genuineness of the group, as well as Cohesiveness and Ego Involvement, is essentially linear when plotted as a function of amount of intrapersonal exploration. In the case of Genuineness or Self-Congruence, it might well be argued that this measure lies along a dimension of psychological disturbance-adjustment. From an examination of those samples rated high and low on this condition, however, it appears that even though

TABLE 4

CORRELATIONS BETWEEN GROUP CONDITIONS INDIRECTLY INFLUENCED BY THE THERAPIST AND INTRAPERSONAL EXPLORATION

Group Conditions	Process Scale	Insight Scale	Personal Reference Scale
Genuineness or Self-Congruence of group members	.53*	.49*	.41*
Group Cohesion	.38*	.18*	.04
Ego Involvement of group members	.42*	.21*	.11

* Significant at or beyond the .05 level.

the material discussed by patients in a relatively high state of congruence may be psychotic or indicative of gross disturbance, the patients are less defensive and more able to share with other group members their feelings or experiences.

This finding (that the greater the Genuineness of the group members in the psychotherapy relationship, the greater the amount and depth of intrapersonal exploration, the development of insight, and the rate of personal references) seems a direct contradiction of one aspect of client centered theory. Rogers (1957) has specifically stated the necessity of the client's being incongruent for successful psychotherapy.

From a careful reading of Rogers' discussion of the requirement of incongruence on the part of the patient, it would appear that incongruence by the patient is conceived of as the source of anxiety. The presence of anxiety in the patient, rather than the maintenance of a facade, appears to be the meaning of incongruence when applied to the patient. That is, the functional role of a lack of self-congruence in client centered theory is an explanation of the development of anxiety. As pointed out earlier, however, self-congruence appears to be essentially a lack of defensiveness, rather than a lack of anxiety. Thus a revision of this aspect of client centered theory suggested by the present results might state the necessity of both vulnerability to anxiety (as the motivation for personality change) and self-congruence *within the psychotherapy relationship* (to allow for intrapersonal exploration). Under such a revised theoretic interpretation one of two possibilities emerges: (*a*) the source of vulnerability to anxiety does not lie in the lack of self-congruence, or, (*b*) a person who is normally incongruent in daily living (due to perceived threat) is able to become self-congruent within the psychotherapy relationship (due to the absence of threat created by the acceptance and warmth of the therapist). For the present, the author will entertain the latter hypothesis. In any event, the results do strongly suggest that the presence of a facade either conscious or unconscious, by the patient *or* the therapist, operates to inhibit the process of group psychotherapy.

The second condition, group Cohesion, shows significant positive association with both Process Scale level and the Insight Scale. These results indicate that cohesion, long a central concept in the analysis of small group behavior, is also of importance in the analysis of group psychotherapy: successful group psychotherapy groups are cohesive. This may be a somewhat circular finding in that at least part of the attraction of the group may be due to its success in helping its members. However, these findings not only suggest the fruitfulness of applying knowledge of attitude change obtained from studies of experimental groups, but, also point to a variable unique to the group setting and one which is susceptible to external manipulation.

Also, the finding that Ego Involvement of the group discussion is highly related to intrapersonal exploration might be open to a similar circular argument. Again, the obtained correlations are of both theoretic and practical significance, in that at the very least ego involvement is a measurable component of effective group psychotherapy.

The results of the regression analyses thus far presented, then, have supported the relevance of 13 of the 16 hypothesized therapeutic conditions to patient self-exploration. The results have also pointed to the importance of several conditions not explicity dealt with thus far by current theories of psychotherapy or by previous research. Finally, the findings have suggested the relative magnitudes of the hypothesized conditions' effects upon intrapersonal exploration: the two most potent conditions, Concreteness or Specificity of discussion and Self-Congruence or Genuineness of the group members, have been both explicitly hypothesized and investigated for the first time.

Within Group Relationships between Conditions and Intrapersonal Exploration

The relationships reported above between the hypothesized conditions and the meas-

ures of intrapersonal exploration were obtained from the total 126 samples. It will be remembered that the three groups from which these samples were drawn (42 from each) were purposefully heterogeneous with respect to the patient population and therapist orientation. Groups A and C were composed of female patients while Group B was an all male group. It would therefore be expected that the three groups might differ on several of the therapist conditions and group conditions under investigation. The obtained means and standard deviations for each of the groups separately are given for each of the conditions measured in Table 5.

It would be desirable to analyze the relationships between the conditions and intrapersonal exploration within each of the three groups. It may be noted that the finding of an overall positive relationship between, for example, Accurate Empathy and the Process Scale does *not* mean that this relationship will necessarily be positive within each of the three groups. Depending upon the array means within each group, it is possible to have an overall positive relationship and strong negative relationships within each of the three subsamples (Kempthorne, 1952; Rao, 1952).

Process Scale Relationships

The correlation coefficients between the hypothesized therapeutic conditions and the amount and depth or extent of intrapersonal exploration as measured by the Process Scale for each group separately are presented in Table 6. It can be seen, then, that in general the correlations obtained for each group separately are essentially identical (in fact the averages of the three are slightly higher) to those obtained using the whole sample (Tables 2, 3, and 4). Also the differences between the correlations from the three groups are not significantly different from each other except in the case of the Responsivity measure. Using the z trans-

TABLE 5

MEANS AND STANDARD DEVIATIONS OF CONDITION MEASURES FOR THE THREE GROUPS

Condition Measures	Group A		Group B		Group C	
	M	*SD*	*M*	*SD*	*M*	*SD*
Therapist Conditions:						
Empathic Understanding	4.74	1.74	5.98	1.52	5.26	1.50
Accurate Empathy	4.64	1.81	5.57	2.02	4.88	2.10
Genuineness or Self-Congruence	6.07	1.33	6.52	1.46	5.66	1.57
Unconditional Positive Regard	4.28	1.81	5.17	2.04	5.19	1.57
Leadership	4.90	2.13	5.90	1.44	4.14	2.07
Responsivity	5.02	2.49	7.92	3.04	3.73	1.91
Assumed Similarity	4.83	1.21	5.59	1.56	4.66	1.22
Group Conditions Controlled by Therapist:						
Concreteness-Specificity	4.55	1.61	4.64	1.80	3.80	1.70
De-individuation	4.62	1.15	4.57	1.17	5.21	1.73
Group Empathy	5.38	1.46	4.31	1.22	5.45	1.50
Unconditional Positive Regard	4.98	1.24	4.14	1.22	5.02	1.51
Cooperative Spirit	5.00	1.64	4.00	1.45	5.07	1.83
Sociability	4.83	1.23	4.09	1.62	5.31	1.37
Group Conditions Indirectly Influenced by Therapist:						
Genuineness or Self-Congruence	5.14	1.60	5.19	1.83	5.33	1.56
Group Cohesion	6.05	1.21	5.33	1.28	6.10	1.16
Ego Involvement	5.19	1.77	5.11	1.90	5.64	1.72

TABLE 6

CORRELATIONS BETWEEN HYPOTHESIZED CONDITIONS AND THE PROCESS SCALE FOR EACH GROUP SEPARATELY

Hypothesized Conditions	Group A	Group B	Group C
Therapist Conditions:			
Empathic Understanding	.14	.16	.38*
Accurate Empathy	.25	.40*	.60*
Genuineness or Self-Congruence	.26	.13	.47*
Unconditional Positive Regard	.38*	.22	.33*
Leadership	.24	.22	.31*
Responsivity	−.12	.36*	.47*
Assumed Similarity	.27	.39*	.36*
Group Conditions Controlled by Therapist:			
Concreteness	.53*	.50*	.50*
De-individuation	.11	−.08	.15
Empathic Understanding	.20	.22	.33*
Unconditional Positive Regard	.15	.02	−.12
Cooperative Spirit	.23	.14	.24
Sociability	−.27	−.28	−.11
Group Conditions Indirectly Influenced by Therapist:			
Genuineness or Self-Congruence	.53*	.63*	.52*
Group Cohesion	.43*	.12	.41*
Ego Involvement	.43*	.47*	.33*

* Significant at or beyond the .05 level of confidence.

formation to test for differences between correlations, the relationship between Responsivity of the therapist and intrapersonal exploration for Group A differs significantly from those obtained for both Groups B and C. As can be seen there is a nonsignificant tendency for this relationship to be negative for Group A, while for Groups B and C there are significant positive relationships between Responsivity and intrapersonal exploration. Further, since Groups A and C are the two extremes in average level of therapist Responsivity these findings are probably unrelated to the average absolute responsivity of the therapist.

It will be remembered that the prediction of a positive relationship between therapist Responsivity and the criterion of intrapersonal exploration was based upon the assumption that such responses would be high in Empathic Understanding, Unconditional Positive Regard, and other hypothesized therapeutic conditions. As can be seen in Table 5, the therapist in Group A tends on the average to communicate less Empathic Understanding, Accurate Empathy, and Unconditional Positive Regard than Groups B and C. That is, a positive relation between therapist Responsivity and intrapersonal exploration is obtained in the two groups where the average therapist values for understanding and warmth are highest, and a nonsignificant negative relation is obtained in the group where the average therapist values for these characteristics of the therapist are lowest.

A second and possibly better explanation of the difference in correlation of Responsivity with intrapersonal exploration between Group A and Groups B and C might lie in the relationship between Responsivity and other positive therapist characteristics for each of the three therapists. These correlations are presented in Table 7. As can be seen, there is a strong general tendency for Therapist A to become *less* therapeutically positive in his responses when he responds more frequently, while there is a strong general tendency for Therapists B and C to become *more* therapeutically positive when they respond more frequently. Using the z transformation to test for dif-

TABLE 7

CORRELATIONS BETWEEN THERAPIST RESPONSIVITY AND OTHER THERAPIST CHARACTERISTICS

Therapist Characteristics	Therapist A	Therapist B	Therapist C
Empathic Understanding	−.31*	.05	.16
Accurate Empathy	−.12	.22	.64*
Unconditional Positive Regard	−.16	.03	.27
Self-Congruence or Genuineness	−.07	.12	.49*
Assumed Similarity	−.15	.21	.56*

* Significant at or beyond the .05 level of confidence.

ferences between therapists, the correlations for Therapist A differ significantly from Therapist C on all five characteristics in Table 7; there are no significant differences between these correlations for Therapist B and Therapist C.

The results of the above analysis might suggest that Responsivity interacts with other positive characteristics of the therapist's responses to either facilitate or inhibit intrapersonal exploration in the patient. Whether this interaction is with the mean values for these other characteristics or with the correlation of Responsivity to these characteristics cannot be determined from the available data.

Insight Scale Relationships

The correlations between the development of perceptions of new relationships between old feelings and experiences and the hypothesized conditions for each group separately are presented in Table 8. In general these correlations are very similar to those with the Process Scale presented in Table 6, with the exception that Empathic Understanding of the group members is negatively related to insight development for Groups A and B but not for Group C. From an examination of Table 5 it could be speculated that this difference may be related to the tendency for Group C to be more socially oriented, although the findings of the present study do not give evidence on this point.

The results of the analysis, then, of associations between the hypothesized therapeutic conditions and the two measures of intrapersonal exploration for each of the three groups separately are in close agreement with the results obtained using the total sample, and thus provide further support for the hypotheses under study. Further, using both the Process Scale and the Insight Scale as criteria measures, the original hypotheses concerning the relationship between therapist Responsivity and intrapersonal exploration were supported. Of the 16 original hypothesized therapeutic conditions only 2 have been unsupported by the data (group De-individuation and Unconditional Positive Regard of the group for its members). All 7 of the hypothesized therapeutic characteristics of the therapist, and 7 of the 9 hypothesized therapeutic group characteristics were found to be significantly related to the criteria measures of intrapersonal exploration.

Independence of Hypothesized Therapeutic Conditions

One of the central problems facing the scientific investigation of psychotherapy—indeed, personality and social psychology as well—is that of overlapping concepts. Both psychologists and psychoanalysts attempting to describe the complex phenomena collectively termed "psychotherapy" have invented and ascribed scores of names and

TABLE 8

Correlations between Hypothesized Conditions and the Insight Scale for Each Group Separately

Hypothesized Conditions	Group A	Group B	Group C
Therapist Conditions:			
Empathic Understanding	−.12	.22	.32*
Accurate Empathy	.19	.62*	.49*
Genuineness or Self-Congruence	.16	.21	.42*
Unconditional Positive Regard	.09	.47*	.28
Leadership	.13	.17	.43*
Responsivity	−.06	.28	.49*
Assumed Similarity	.21	.48*	.56*
Group Conditions Controlled by Therapist:			
Concreteness	.56*	.70*	.64*
De-individuation	.03	−.15	−.19
Empathic Understanding	−.32*	−.37*	.14
Unconditional Positive Regard	.11	.10	−.13
Cooperative Spirit	.08	−.01	−.19
Sociability	−.23	−.35*	−.20
Group Conditions Indirectly Influenced by Therapist:			
Genuineness or Self-Congruence	.41*	.63*	.49*
Group Cohesion	.28	.06	.22
Ego Involvement	.21	.39*	.28

* Significant at or beyond the .05 level of confidence.

reams of description to a single phenomenon. The problem presented to the investigation of psychotherapy is one of estimating the minimum number of variables, dimensions, or concepts that will account for the maximum variance in the criteria of outcomes in psychotherapy. The present author has investigated 16 "dimensions" or characteristics of group psychotherapy with results that suggest that 14 of these therapeutic conditions are indeed associated with the criterion of intrapersonal exploration. Still, it is very unlikely that all 14 of the effective variables are independent of each other.

The approach chosen by the present investigator to this central problem of determining independence of conditions in their effects on psychotherapy is the use of analysis of variance of multiple regression (Kempthorne, 1952; Rao, 1952).

Multiple regression theory or, in words perhaps more familiar, the theory of the general linear hypothesis is the basis for most parametric analyses of data. The basic assumption, of course, is that observations (say, Process Scale values) are expressible as linear functions of some known variables $X_1 + \ldots + X_p$ (say, hypothesized conditions), with residual errors which are normally and independently distributed around zero with constant variance. The model is then:

$$Y_i = A + B_1 X_1 + B_2 X_2 + \ldots + B_p X_p + e_i$$

The problem is to estimate the constants, *Bs*, which will satisfy the equation. The method of least squares is used to estimate these values in the set of p simultaneous equations. Once these regression coefficients are derived, the sum of squares of deviations about the estimated coefficients can be computed. From this the significance of a regression coefficient can be evaluated by the usual variance ratio.

In the present analysis all conditions with the single exception of group De-individuation, which showed no reliable association with the criteria, were used as the concomitant variables, and alternatively the Process Scale, the Insight Scale, and the Personal Reference Scale as the dependent variable. In each analysis, then, the criterion measure of intrapersonal exploration can be expressed as a linear function of the condition variables, and, each condition can be tested for the significance of its effect in the resulting equation. Using this procedure, the condition with the highest single significant correlation to the criteria will be given the largest weight, and, then the test will be of any *additional* contribution of the succeeding variables. This procedure will, then, give us the minimum number of independent conditions necessary to account for the variability of our criteria within the confines of the present research; it permits the analyzing of variation into component parts.

Since it has been shown that the correlations obtained using the total sample are essentially identical to those obtained separately from the subsamples of the three groups, it would be expected that either procedure would yield similar results for multiple regression analysis. As the interest of the present research is in a population of group psychotherapy interactions, the total of 126 samples will be used for analysis.

Soures of Variation in Process Scale

The multiple correlation of the 15 hypothesized therapeutic conditions and the Process Scale for the 126 samples is .73. That is, *53% of the variance in process is accounted for* by the conditions under study in the present research. Table 9 presents the results of the analysis of variance of multiple regression of conditions on process. For convenience, the tests of significance for several conditions simultaneously are presented in the tables, although such tests were made separately from those of conditions individually.

As can be seen from Table 9, many conditions related to Process Scale values, such as Accurate Empathy, do not significantly add to the regression equation when all variables are included in the analysis. In all, seven of the hypothesized conditions account for significant amounts of separate sources of variance in Process Scale values:

(*a*) therapist Leadership, (*b*) therapist Self-Congruence or Genuineness, (*c*) group Concreteness or Specificity of content discussion, (*d*) group Empathy, (*e*) Genuineness or Self-Congruence of group members, (*f*) group Ego Involvement, and (*g*) group Cohesion. That is, each of these seven conditions accounts for *separate* and *independent* components of the amount and depth of intrapersonal exploration as measured by the Process Scale.

Within the confines of the present study some estimate of the relative importance of the conditions can be made, but since these cannot be estimated in general (because the estimates depend upon which and how many conditions are included in the regression equation) it would seem desirable to rely upon the results of the single regression analyses reported earlier.

It must be pointed out that the particular seven conditions accounting for significant and separate sources of variance of process are due in large part to the interrelationships obtained between the hypothesized conditions, so that the exact labeling of the seven sources of variation in process might change under relatively mild sampling fluctuations. Thus it might be that in another sample group Cooperative Spirit would replace group Empathic Understanding since Empathic Understanding is only slightly more highly related to process than is Cooperative Spirit (correlations of .25 and .19, respectively) and both are relatively highly related to each other (correlation of .41).

The relationships between the conditions which did not significantly enter into the multiple regression on process and the seven variables which did are presented in Table 10. By referring to Tables 2, 3, and 4, it can be seen that such variables as Accurate Empathy by the therapist (which showed significant correlation with process) do not

TABLE 9

ANALYSIS OF VARIANCE OF MULTIPLE REGRESSION OF CONDITIONS ON PROCESS SCALE

Source	*df*	*SS*	*F*	*B* Weight
All Conditions Simultaneously	(15)	5,211.19	8.154*	
Therapist Conditions Simultaneously:	(7)	605.80	2.031	
Accurate Empathy	1	98.08	2.302	.64
Assumed Similarity	1	49.40	1.16	−.57
Leadership	1	168.08	3.95*	.79
Genuineness-Congruence	1	174.17	4.09*	.90
Unconditional Positive Regard	1	1.27	.03	.07
Responsivity	1	60.82	1.43	−.29
Empathic Understanding	1	62.53	1.47	−.49
Group-Therapist Conditions Simultaneously:	(5)	815.93	3.83*	
Concreteness	1	318.22	7.47*	1.22
Empathy	1	357.22	8.38*	1.41
Cooperative Spirit	1	54.82	1.29	.48
Sociability	1	7.48	.18	−.22
Unconditional Positive Regard	1	4.57	.11	−.16
Group Conditions Simultaneously:	(3)	1,093.19	8.55*	
Genuineness	1	287.83	6.76*	1.23
Ego Involvement	1	222.79	5.23*	.90
Cohesiveness	1	169.75	3.96*	1.07
Residual Error	110	4,686.67		
Total	125			

*Significant at or beyond the .05 level of confidence.

TABLE 10

INTERCORRELATIONS BETWEEN SELECTED CONDITIONS

Conditions	Therapist Leadership	Therapist Congruence	Concreteness and Specificity	Group Empathy	Group Congruence	Ego Involvement	Group Cohesion
Therapist:							
Accurate Empathy	.23*	.19*	.29*	.17	.33*	.09	.09
Assumed Similarity	.18*	.28*	.33*	.08	.37*	.20*	.08
Unconditional Positive Regard	.01	.10	.23*	.08	.20*	.21*	.13
Responsivity	.50*	.25*	.28*	−.23*	.09	−.04	−.16
Leadership		.26*	.27*	−.33*	.18*	−.11	−.28*
Congruence			.19*	−.09	.11	.08	.12
Group:							
Cooperative Spirit	−.31*	−.04	−.09	.41*	.08	.07	.34*
Sociability	−.45*	−.06	−.38*	.40*	−.25*	−.11	.19*
Unconditional Positive Regard	−.05	−.18*	−.03	.19*	.13	.07	.24*
Concreteness				−.10	.54*	.35*	.10
Empathy					.01	.13	.21*
Genuineness						.39*	.27*
Ego Involvement							.32*

*Significant at or beyond the .05 level of confidence.

add to the multiple regression equation because in this sample its effect is *already* accounted for by the more potent conditions of: Self-Congruence or Genuineness of the group members, and Concreteness of discussion.

The finding that five of the seven conditions discussed above are group conditions appears to suggest that the group atmosphere is perhaps more potent in its effects on intrapersonal exploration than is the therapist. Further, it might be assumed that the formation of these effective group characteristics is the primary function of the therapist, and as can be seen from Table 10, that Accurate Empathy, Assumed Similarity, and Unconditional Positive Regard are primarily effective in group psychotherapy *because* they facilitate such *group* conditions.

Regardless of theoretic interpretation, the results do indicate that the above seven conditions must be at least considered as parameters of effective group psychotherapy defined by the amount and depth of intrapersonal exploration.

Sources of Variation in Insight Scale

Using the Insight Scale as the dependent variable, the analysis of variance of multiple regression yielded the results presented in Table 11. The obtained multiple correlation coefficient was .71, which indicates that 50% of the total variation in the measured development of insight in patient members can be accounted for by the hypothesized conditions. Again, the magnitude of such a finding considering the inherent unreliability of the phenomena studied and the lack of precision measuring instruments suggests the central therapeutic relevance of the hypothesized conditions.

As can be seen from an inspection of Table 11, only one of the hypothesized therapeutic conditions under study (Concreteness or Specificity of the group discussion) contributes a significant source of variation in patient insight development. That is, only 1 of the 15 conditions here studied can be considered as necessary for the development of insight; no other condition contributes a significant *additional* source of variance. Examination of Tables

2, 3, 4, and 10, together indicate that the relationship between the hypothesized conditions (such as Accurate Empathy) and the development of insight could be *entirely* explained by these conditions' association with Concreteness of discussion. These results clearly point to the overwhelming importance of Concreteness in effective psychotherapy once the importance of the development of insight is admitted. Certainly psychoanalytic and client centered theorists as well as most learning theorists conceive of the perception of new relations between old feelings or experiences as a *necessary*, although not sufficient, antecedent for effective psychotherapy.

Sources of Variation in Personal Reference Scale

In the analysis using the Personal Reference Scale as the dependent variable, presented in Table 12, two conditions significantly accounted for separate sources of variance; the Concreteness or Specificity of group discussion, and the Genuineness or Self-Congruence of members of the group. That is, once the degree to which the group is discussing *concrete or specific feelings* or experiences *in an open and genuine manner* is known, then knowledge of the other hypothesized therapeutic conditions does not substantially add to our prediction of Personal Reference Scale values.

The accuracy of the prediction of the rate of personal pronoun emission by the patient group members may be judged by the obtained multiple correlation coefficient of .61 which accounts for over one-third of the total variation in the Personal Reference Scale.

Viewing the results of the multiple regression analyses from a slightly different vantage suggests that the scales designed

TABLE 11

INSIGHT SCALE ANALYSIS OF VARIANCE OF MULTIPLE REGRESSION

Source	*df*	*SS*	*F*	*B* Weight
All Conditions Simultaneously	(15)	174.85	7.252*	
Therapist Conditions Simultaneously:	(7)	13.42	1.193	
Accurate Empathy	1	.91	0.571	0.06
Assumed Similarity	1	5.83	3.63	0.19
Leadership	1	.01	.01	0.01
Congruence	1	.88	.55	0.06
Unconditional Positive Regard	1	1.47	.91	−0.07
Responsivity	1	.19	.12	0.02
Empathy	1	.23	.14	−0.03
Group-Therapist Conditions Simultaneously:	(5)	57.48	7.15*	
Concreteness	1	49.30	30.67*	0.48
Group Empathy	1	2.67	1.66	0.12
Cooperative Spirit	1	.29	.18	.03
Sociability	1	1.11	.69	−.08
Group Unconditional Positive Regard	1	.14	.09	−.03
Group Conditions Simultaneously:	(3)	7.13	1.48	
Group Genuineness	1	4.16	2.59	.15
Group Ego Involvement	1	2.17	1.34	−.08
Group Cohesion	1	1.72	1.07	.11
Residual Error	110	176.80		
Total	125			

* Significant at or beyond the .05l evel of confidence.

TABLE 12

PERSONAL REFERENCE SCALE ANALYSIS OF VARIANCE OF MULTIPLE REGRESSION

Source	*df*	*SS*	*F*	*B* Weight
All Conditions Simultaneously	(15)	63,315.03	4.37*	
Therapist Conditions Simultaneously:	(7)	13,784.23	2.04	
Accurate Empathy	1	2,129.35	2.21	−2.98
Assumed Similarity	1	113.25	.11	−.86
Leadership	1	2,046.03	2.11	2.75
Congruence	1	51.92	.05	.49
Unconditional Positive Regard	1	258.24	.27	−1.01
Responsivity	1	252.78	.26	.60
Empathy	1	3,449.70	3.57	−3.611
Group-Therapist Conditions Simultaneously:	(5)	23,416.10	4.85*	
Concreteness	1	17,806.06	18.44*	9.11
Group Empathy	1	3,432.84	3.56	4.35
Cooperative Spirit	1	1,829.68	1.89	−2.77
Sociability	1	3,008.29	3.11	4.37
Group Unconditional Positive Regard	1	90.62	.09	.70
Group Conditions Simultaneously:	(3)	10,991.42	3.79*	
Group Genuineness	1	10,956.04	11.35*	7.56
Group Ego Involvement	1	750.44	.77	−1.65
Group Cohesion	1	122.17	.13	−.95
Residual Error	110	106,197.33		
Total	125			

* Significant at or beyond the .05 level of confidence.

to measure aspects of intrapersonal exploration differ in complexity—as indeed an examination of the scales themselves suggest. The Process Scale was designed to measure the quantity and depth or extent of intrapersonal exploration; the results indicate that *at least seven* differing sources of variance were necessary to account for Process Scale values. By contrast, the Insight Scale and the Personal Reference Scale were designed to deal with amounts of specific aspects of intrapersonal exploration; the results indicate that only one and two differing sources of variance were accounted for by the hypothesized conditions. It might be emphasized that the multiple regression equations obtained accounted for over *one-half* of all the variation in both process and insight in patient group members, and over *one-third* of all the variation in the frequency of personal pronouns per unit of speech of patient group members. The magnitude of these findings in the complex area of psychotherapy, where even small relationships are difficult to find, suggests the fruitfulness of exploring these hypothesized conditions, and, simultaneously, the need for further research aimed at distilling the concepts involved in the hypothesized conditions.

INDEPENDENCE OF THERAPIST CONDITIONS SPECIFIED BY CLIENT CENTERED THEORY

In view of the specific theoretical statements of the necessary and sufficient conditions for psychotherapy made by client centered theory, and the available research supporting it, it would seem desirable to investigate the independence of these therapist conditions (Empathy, Genuineness, and Unconditional Positive Regard). That is, what is the minimum number of such variables necessary to maximally account for

the variation in process level. Under the present client centered formulation, all three therapist conditions are thought to account for separate sources of variation in Process Scale level. This is the meaning of "necessary" conditions. In view of the high intercorrelations obtained in earlier research investigating the relationships of these conditions to successful therapy, however, it might be expected that one or more of these conditions do not *add* to the accounted for variation in process when other conditions are present.

The independence of these conditions in their effect upon intrapersonal exploration can be conveniently investigated by the use of analysis of variance of multiple regression as described earlier.

The result of the analysis of variance of multiple regression of the therapist conditions of Empathy, Genuineness, Unconditional Positive Regard, and Accurate Empathy on the Process Scale values for the 126 samples is given in Table 13. Together these conditions yield a multiple correlation of .39 and thus account for 15% of the variation in Process Scale level. An inspection of Table 13 clearly indicates that *only two* of the three therapist conditions specified by client centered theory account for independent sources of variance in Process Scale values: therapist Genuineness or Self-Congruence, and Accurate Empathy. That is, although it is clear from the earlier analysis that Unconditional Positive Regard is related to Process Scale values, it does not account for *additional* variance beyond that already accounted for by Accurate Empathy and Genuineness of the therapist. This, of course, might suggest that if an effective level of Self-Congruence or Genuineness and of Accurate Empathy is communicated by the therapist in psychotherapy, then Unconditional Positive Regard is also communicated. An examination of the intercorrelations between these therapist conditions adds some clarity to the findings. Unconditional Positive Regard is not significantly related to therapist Genuineness (as indicated by a correlation of .11) but is highly associated with Accurate Empathy (as indicated by a correlation of .57).

A multiple regression analysis was also carried out using the Insight Scale as the predicted variable, with essentially similar results. Unconditional Positive Regard accounted for no significant independent source of variance, while Accurate Empathy (with an F ratio of 8.99) and Genuineness (with an F ratio of 3.98) both accounted for significant and independent sources of variation in the development of the perception of new relationships between old feelings or experiences. The multiple correlation coefficient for insight was .36, accounting for 13% of the variance in the Insight Scale. These almost identical results, using both general and specific measures of intrapersonal exploration, add additional support to the findings obtained using the Process Scale.

The following, then, can be concluded from the above analysis: (*a*) Accurate Empathy and Unconditional Positive Re-

TABLE 13

ANALYSIS OF VARIANCE OF MULTIPLE REGRESSION OF CLIENT CENTERED THERAPIST CONDITIONS ON PROCESS SCALE

Source	*df*	*SS*	*F*	*B* Weight
Empathic Understanding	1	.67	.01	.05
Genuineness or Self-Congruence	1	307.20	4.41*	1.10
Unconditional Positive Regard	1	21.91	.31	.28
Accurate Empathy	1	454.80	6.53*	1.17
All Conditions Simultaneously	(4)	1,476.78	5.30*	
Residual Error	121	8,421.09		

* Significant at or beyond the .05 level.

gard by the therapist are each individually related to process, but Accurate Empathy is more highly related to process than is Unconditional Positive Regard; (*b*) Accurate Empathy and Unconditional Positive Regard are highly related phenomena in psychotherapy, so that the measurement of Accurate Empathy includes the effective variance of Unconditional Positive Regard; and (*c*) Accurate Empathy by the therapist and Genuineness of the therapist in the relationship account for separate compon[illegible] of the variation in intrapersonal explorati[illegible] It might be speculated that unconditional positive regard for another person is a precondition for the development of accurate and deep understanding of such other person. Such a viewpoint would regard the therapist as bringing two separate and independent personal or attitudinal characteristics to the psychotherapy relationship: a warm understanding of the patient, and an honest, openness to experiencing. In any event, the above findings suggest a modification in the current client centered theory of psychotherapy: of the three hypothesized necessary therapist conditions, Genuineness and Empathy alone appear sufficient.

Toward Evaluation of the Present Research

Problem of Causation

The results, as a whole, tend to support 14 of the 16 original hypotheses of conditions facilitative of intrapersonal exploration in group psychotherapy, and suggest that at least 7 different conditions are necessary to account for intrapersonal exploration. However, the hypotheses themselves are essentially causal hypotheses of antecedent conditions for effective group psychotherapy, while the research itself is not demonstrably an investigation of causal relationships. Both the measures of conditions and the measures of intrapersonal exploration were derived from the same samples of group psychotherapy, so that in the terminology of experimentation both sets of measures were dependent variables. For example, the empirical relationship between therapist's self-congruence and patient intrapersonal exploration obtained in the present study does not demonstrate causation. It might be argued that although this finding is consistent with the a priori theoretical prediction based upon a causal hypothesis, the finding itself does not necessarily support the theory. It might be argued that high self-congruence of the therapist is facilitated by patient intrapersonal exploratio[illegible] [illegible] levels of both [illegible] and patient self-[illegible] are caused by the action of a third variable. Thus, causal inferences may be made only on the basis of logic external to the present research.

Some plausibility to the present causal hypotheses is given, however, by the Ends and Page study (1957) reported earlier where differential outcomes of psychotherapy were causally related to different theoretic orientations to psychotherapy: client centered and analytic approaches were superior to leaderless-group and didactic approaches. Although in that study no specific conditions were explicitly manipulated, the present hypothesized therapeutic conditions were derived from client centered and psychoanalytic theory and are specifically not common to leaderless-group and didactic or authoritarian orientations.

At the very least, the present research, by demonstrating specific relationships between therapist response characteristics and patient self-exploration and between group atmosphere characteristics and patient intrapersonal exploration, provides an empirical foundation for further theoretic speculations of causal relationships and focuses upon dimensions fruitful for future experimental research. Also, at the very least, the present results are consistent with the a priori hypotheses which were based upon theory of the antecedent conditions for intrapersonal exploration and constructive personality change.

Possibility of Systematic Errors

The possibility of the presence of systematic errors must be considered. Certainly the use of rating scale procedures tends to

enhance this possibility through such phenomena as the halo effect, and the introduction of systematic bias due to theoretic preconceptions of the judges.

It might be suspected, for example, that the obtained results are due to the assignment of high values of both "good" therapist behavior (high conditions) and of "good" patient behavior (high i...rapersonal exploration) by the judges to group psychotherapy samples that they consciously or unconsciously perceive as "good" therapy samples.

The use of judges heterogeneous with respect to theoretic orientation and discipline was expected to minimize this possibility but cannot be used as an argument that such systematic bias did not occur. That such error does not account for the obtained relationships is demonstrated by the findings themselves.

The finding obtained with the use of analysis of variance of multiple regression that seven different hypothesized conditions were necessary to account for variations in patient intrapersonal exploration clearly indicates that at least seven different characteristics of group psychotherapy were effectively discriminated by the judges, rather than simply a single "good" and "bad" dimension. Thus the possibility of judges rating samples on a single "good-bad" dimension is not supported by the data.

Perhaps the most important findings with respect to arguing against the presence of systematic errors were those given in Table 10. That table indicates that each of the rating scale measures of therapist conditions is related to the objective measure of therapist Responsivity *differently for each of the three therapists.* It seems necessary to conclude that these relationships reflect personality differences among the therapists. Now, since it would not be possible for the judges to identify the therapists from the transcript samples (even if they could be identified, would we expect all three judges to independently decide to arbitrarily assign lower conditions values to more responsive samples of Therapist A but higher conditions values to more responsive samples of Therapist B?) the consistent differential relationships between rated measures and the objective measure of Responsivity for the different therapists do tend to strongly argue against these findings being due to systematic rating errors. That is, since it is quite evident that the results presented in Table 10 are not conceivably due to systematic rater errors, then it is reasonable to assume that other relationships involving the same measures are also not due to such possible errors.

Generality of Findings

The present study was aimed at "group psychotherapy" rather than the more generic "group therapy" and was designed to investigate conditions related to patient intrapersonal- or self-exploration. It must be noted, then, that the present findings are not direcly applicable to group therapy where socialization or interpersonal interaction are specified as the main vehicle of constructive personality change. Similarly, the present findings do not directly relate to didactic approaches.

In short, the present results may be generalized only to "psychotherapeutic" group psychotherapy in the classical definition where exploration of the patient's conscious and unconscious feelings and experiences is the method employed. In current practice this includes analytic group psychotherapy, client centered group psychotherapy, and eclectic approaches using techniques borrowed from both major approaches.

Should it be felt that studies in the area of psychotherapy are peculiarly limited, it is well to remember the words of Karl Pearson (1898):

> No scientific investigation is final; it merely represents the most probable conclusion which can be drawn from the data at the disposal of the writer. A wider range of facts, or more refined analysis, experiment, and observation will lead to new formulae and new theories. This is the essence of scientific progress.

Summary

The primary purpose of the present research was to investigate the relations between hypothesized therapeutic conditions,

derived from client centered, analytic, and small group theory, and three criterion measures of intrapersonal (self) exploration in group psychotherapy. Thus this study was designed to study relationships internal to the process of group psychotherapy, and to contribute to the understanding of the sources of variation in patient intrapersonal exploration associated with characteristics of the therapist's responses and with characteristics of the group interaction.

Three heterogeneous group psychotherapy groups involving a total of 45 hospitalized mental patients led by three therapists differing in their theoretical orientation to psychotherapy were selected to provide the population for study. Tape recordings were then obtained on 42 successive hours of psychotherapy from each of the three groups. From these recordings, transcriptions were made of 126 3-minute group interactions to provide the basic data for analysis.

On the basis of pilot studies, rating scales were devised to quantify, within each interaction sample, the presence of the following characteristics of the therapist's responses which were hypothesized to relate positively to the criterion measures: Empathic Understanding, Accurate Empathy, Unconditional Positive Regard, Self-Congruence or Genuineness, Assumed Similarity of self and patients, and Leadership. Additionally, the frequency of therapist's responses within each sample was tabulated to provide a measure of a seventh hypothesized therapeutic condition, that of therapist's Responsivity.

Also, scales were devised to quantify, within each sample, the presence of the following hypothesized therapeutic characteristics of the group interaction which are relatively under the direct control of the therapist: Concreteness or Specificity of the group discussions, De-individuation of the group interaction, Empathic Understanding by the group of its members, Unconditional Positive Regard by the group toward its members, Spirit of Cooperation and Mutual Helpfulness within the group, and Sociability of the group.

The final three hypothesized therapeutic characteristics of the group, which are only indirectly influenced by the therapist, were quantified by similarly devised scales: Self-Congruence or Genuineness of the patients in the group, Cohesiveness of the group, and Ego Involvement of the members, themselves, in the group discussion.

The test of the hypotheses was the statistical significance of associations between each of the above hypothesized therapeutic conditions and the criteria measures of intrapersonal exploration by the patient members.

Since previous research has established some empirical validity for the Rogers and Rablen Process Scale and it has been demonstrated to differentiate more successful from less successful therapy cases, this scale was selected as the primary criterion measure. The Process Scale is designed to measure both the amount and the depth or extent of intrapersonal exploration, so that it provides an overall measure. Two additional scales were used to get at more specific aspects of intrapersonal exploration. First, a rating scale to quantify the development of perceptions of new relations between old feelings or experiences (Insight Scale) was devised to measure this specific aspect of intrapersonal exploration within each sample. Secondly, an entirely objective measure of the rate of personal pronouns emitted by the patients in each sample (Personal Reference Scale) was used as the third criterion measure of intrapersonal exploration.

A total of 13 judges, including psychologists, psychiatrists, and psychiatric social workers of heterogeneous theoretic orientations rated the coded interaction samples.

Correlations between the hypothesized therapeutic characteristics of the therapist's responses and the measures of intrapersonal exploration were computed, using all 126 samples. The following therapist conditions were significantly related to intrapersonal exploration of the patients: Accurate Empathy, Unconditional Positive Regard, Self-Congruence or Genuineness, Assumed Similarity, Leadership, and Responsivity. These

relationships, with the exception of Self-Congruence or Genuineness, were essentially linear. Only a lack of Genuineness was associated with low values of intrapersonal exploration; there was no relationship between intermediate and high values of Genuineness of the therapist and patient self-exploration.

Further, the correlations obtained within each group indicated that these relationships held for each group psychotherapy group separately. These results, then, were taken as positive support for the hypotheses.

Of the group characteristics relatively under direct control of the therapist, the following conditions were significantly related to intrapersonal exploration: Concreteness or Specificity of group discussion, Empathic Understanding by the group of its members, Cooperative and Mutually Helpful group spirit, and Sociability. Neither De-individuation nor group Unconditional Positive Regard proved therapeutically relevant. With the exception of group Sociability, which was negatively associated with the criterion, the obtained significant relationships were in the predicted direction.

All three of the hypothesized therapeutic characteristics of the group which are only indirectly influenced by the therapist (Genuineness or Self-Congruence of the group members, group Cohesion, and Ego Involvement of the group in the discussion) were significantly associated with patient intrapersonal exploration in the predicted direction.

By means of analysis of variance of multiple regression the hypothesized conditions which accounted for separate sources of variation in the criterion measures were determined. A multiple prediction equation accounting for over one-half of the total variation in the Process Scale was obtained in which the following seven conditions accounted for significant amounts of separate sources of variation: therapist's Self-Congruence or Genuineness, therapist's Leadership, Concreteness or Specificity of the group discussion, group Empathic Understanding of its members, Genuineness or Self-Congruence of the group members, Ego Involvement of the group members in the discussion, and group Cohesion.

Again, one-half of the total variation in the Insight Scale was accounted for by the obtained multiple prediction equation. However, Concreteness or Specificity of the group discussion alone accounted for a significant source of variance. That is, the other conditions which were found to be associated with the Insight Scale do not account for any *additional* variation in insight beyond that accounted for by the hypothesized therapeutic condition of Concreteness of group discussion.

A similar analysis using the Personal Reference Scale yielded results indicating that approximately one-third of the total variation in the rate of personal pronoun emission by the patients could be accounted for by only two separate sources of variance: Concreteness or Specificity of the group discussion, and Genuineness or Self-Congruence of the group members in the therapy relationship.

The necessity of the three therapist conditions specified by the current formulation of client centered theory was evaluated by means of analysis of variance of multiple regression using therapist Accurate Empathy, Unconditional Positive Regard, and Self-Congruence or Genuineness as the concomitant variables, and alternatively, the Process Scale and the Insight Scale as the dependent variables. In both analyses the results indicated that only two, rather than three, of the conditions account for separate sources of variance: Accurate Empathy and Self-Congruence or Genuineness.

The results were interpreted and discussed in terms of theoretical orientations to group psychotherapy with particular emphasis upon client centered theory.

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(Received July 9, 1960)

APPENDIX

Selected Samples and Obtained Scale Values

Number 4

Patient 1: [Speaking rapidly] This is probably of no interest to the rest of you, but is that the one who sent . . . card about . . . "you tranquilize yours, I'll tranquilize mine?"

P_2: I don't know—I didn't notice who sent it.

P_1: It's up on the bulletin board.

Therapist: . . . I missed this . . . Whuh . . . would you state that again?

P_1: Well . . . on the bulletin board at 3-West . . . which you people don't know about . . . is a card from Joan . . .

P_2: [Interjecting] That's . . . who—

P_1: It says "you tranquilize yours, I'll tranquilize mine . . . inside are a bunch of drinks, oh, they're martinis, I think . . .

P_2: Mmhmm.

P_1: And [she laughs] the characters . . . it's all in . . . comic . . . form . . . I'm joking . . . it says "you tranquilize yours, I'll tranquilize mine." [Laughter]

P_2: So, that's what . . .

P_3: [Breaking in] Well, I think we all feel . . . somewhat resentful . . . uh—when we know that somebody goes out, and we feel that they're not really ready to step outside in . . . and live the way that they're, people are supposed to live, and we can't go, we know—we know sometimes that we're not really ready to go right then either . . . when we just can't understand how some people can go out, and all they're talking about before they ever get out is what a kind of a wild time they're gonna have as soon as they leave this place.

T: Mmhmm.

P_1: [Speaking rapidly in short phrases] This is changing the subject, but is it . . . I know it . . . shows my stupidity . . . but is it really true that . . . some tranquilizers, some drugs . . . would make a person . . . react . . . to the contrary and would make them more upset—

T: [Interrupting] We were talking about that—

P_1: —at different times?

T: [He continues, ignoring the interruption] —a. a little bit, Helen, I—I don't remember if you—uh—

P_1: Say, if you took—

T: [Ending]—When you first came in—

P_1: [Continuing]—something when you were . . .

P_2: Mhmm.

P_1: [Continuing]—carrying a baby and then you took something afterwards?

P_2: Well, Dr. Jones tried a Serpasil product and tranquilizer with me and the two of them reacted . . . favorably . . . but, when I took the Serpasil alone . . . it felt just like my breathing was being closed off, I couldn't breathe.

P_1: Well, what—

P_2: What it does, I don't know, but it does react on everybody differently.

Number 16

T: Mary is trying to tell us something here.

P_1: Yes, Mary is telling us about—

T: [Interrupting] And other people are trying to tell Annette something . . . and our channels of communication are a little bit clouded. Barbara, you know what it is.

P_2: How did we get on the subject? [Laughter]

P_3: You see other people's faults . . .

P_2: [Interrupting] Introverts and extroverts . . .

P_3: . . . as faults of other people, right?

P_2: Well I assure you *I* never talked like Melinda Jones did. I can [nervous laughter] swear to that on a stack of Bibles.

T: Do we have something of the—uh . . . Mary is saying, perhaps . . . that she wishes . . . she weren't talking so much either . . . right now, but that this group is kind of *dull*, . . . And you've got to talk, because you all just sit around and never do anything—you just smoke—

P_2: No, no, no, *you are wrong* on that. I *am* not. The only,—I try to keep quiet. The *only* time I say something is when I felt I could make a contribution. Otherwise, I have tried to be as quiet as I could be. I wanted to come and listen, but Betty has been *unusually* quiet for I don't know *how* many classes.

T: And has been unusually hostile towards you, today.

P_2: Uhuh, mhm. [Laughter]

T: [Pause] Now, Nancy has been rather hostile to you.

P_3: Yes, [laughing nervously] rather openly.

P_2: [Calmly] And it doesn't bother me at all.

P_3: [Surprised] It doesn't?

P_2: No, it doesn't.

P_4: Now, I can't believe that.

P_3: [Calmly] No, it does not. I have felt too much hostility in my life to be annoyed by it any more.

T: What were you going to say, Pat?

P_4: Nothing. [Pause] I feel small, maybe.

P_3: I wish I had a good laugh.

P_4: I feel small because I thought of something that was brought up. It's [pause] oh, . . . I don't know why . . . some of us hang on to our sickness and everything. [Pause] It should be comparatively . . . easy to . . . pull yourself out . . . but it isn't.

P_2: [In a calm lecturing voice] It certainly isn't. As the saying goes, "You can say that again." And in a way, Dr. X, I feel that I have had so much more experience with this sort of thing, because I have been in *so* many sanitariums and gone through it so often. Not exactly the same thing, 'cause it varies, it's just one thing this time, and one thing another. But *wherever* I have been, I have gotten *well* . . . by becoming interested . . . in other people, and *benefiting* . . . from their interest to me. The very first time I was hospitalized, when I was 25 . . . and I met a bishop's daughter, . . . she must have been at least twice my age, and I learned a lot from her.

Number 18

T: There's so much . . . hate.

P_1: [Pause. Tearfully] I've never hated people in my life, not even . . . [patient stops, choked up, unable to proceed momentarily] . . . the only one that I've ever bothered to have the emotions—[Again pauses; group and therapist seem to wait for patient to collect self] I've learned one thing since I've been here—that is, that my relationships with people . . . haven't been . . . what they . . . what other people seem to have, with, with interaction with people. I've been kind of a "Touch-me-not" sort of a person. [Pause] And . . . so . . . and I don't know how to handle it . . .

T: Mhm [Pause. Therapist and group wait] [Softly] Sort of like uh, "isolating oneself from other people."

P_1: [With deep feeling, sobbing] You're left awfully lonely, you learn to hate your own company . . . I just don't seem able to have any control over it!

T: [Gently] How do you establish control over something like this? [Long pause] Would you like to hear how other people, the ideas other people have, how they control this, how it ought to be controlled?

Number 48

P_1: That is another thing uh that made me uh, highly *provoked* so to speak, as far as I am concerned. I came out of service at 180 pounds—182 pounds.

P_3: What's that got to do with it?

P_1: I could have, but I didn't want to, but I wasn't afraid of the guys in Janesville as far as, well, being popular. And I wasn't out to hurt the name of City of Janesville or anything like that. I just wanted uh, all the new experiences I could think of.

P_3: Tried to do everything you wanted huh? Well . . . I did the same thing.

P_1: I wanted, uh, uh, to, to do everything on my own. I couldn't, I couldn't get along with the teachers. I, . . . wouldn't accept their instruction. I thought I was better than the teachers. [*Therapist*—Mhm] I admit it now, and uh before I couldn't. I didn't want to. I still thought I was . . . uh . . . better than anyone else. [Pause] [P_2—I could *see*] Possibly I couldn't be anything else—let's put it that way. I mean highly no good so to speak.

P_3: Well, you're not very old, what the heck, you could take off and—

P_1: [Interrupting] I worry about that. I think if I was 60 years old, I would probably . . . still . . . have [another patient sighs deeply] the same general type of thinking.

T: [Tentatively] I'm not quite sure . . .

P_1: That I'm a better man than my father.

P_2: What's your father got to do with this?

P_1: Nothing, no more.

P_2: That's as it should be, my father was an alcoholic, and I made up my mind when I was a—even when I started hearing things about it—

T: [Interrupting] It seems that for John though, . . . his father *does* . . . become very important in his thinking.

P_1: After all I know about him. Not that I'm right but I think I'm right.

P_3: You still love your father, right?

P_1: [Angry impatience] Yah, yah, yah, yeh. But that is as far as it goes, huh, I mean yah.

P_2: Yeh but you should still love him.

T: But . . . he still hates him.

P_3: You shouldn't hate anybody, though [*Therapist*—I guess—] You should respect him.

P_1: I'm very sorry for having hated him—for having to admit I hated him, [pause] because . . . oh, . . . I don't know . . . maybe I read too many books. Dr. _____ [author of book] said you hate somebody in anger your

blood goes up you are ready for a fight, and things like that. It tears down your resistance internally and externally, and . . . your ability to get along with other people.

P_2: My whole life changed, doc. I hadn't seen my father—I hadn't seen what he looked like, and I hated him. Like Al said, and when I did see him, I, I got to like him! And what are you going to do? [Pause] [Strained voice] The guy is an alcoholic, and all the relations think he is no good, but yet, and yet you still respect the guy. [*Therapist*—Mhm. 'cause] He has had a hard life and—

P_1: [Angrily] You think I want everybody to feel sorry for me.

P_2: No!

P_3: Huhuh.

P_1: [Angrily] Who wants a guy who comes from the slums of Janesville, you know.

P_2: No.

P_3: That's just your own thinking.

P_1: Put him in here, and don't let him do as he wants. I was in and out.

P_4: That's not true.

P_1: [Very agitated] Oh, he's out of the service and hasn't changed and, and all feel sorry for him, all the "goody" talk and you get a group so sympathetic for a guy, and all of a sudden he throws the whole community out of line. How do you think I feel?

T: Feeling it was you that was throwing the whole community out of whack?

P_1: Yah.

P_3: Well, how about John, the fellow that just come in here. He told me he was from Janesville, and he had a loaded .22 rifle and a pistol. And he actually threatened K. F. Jones, the principal of the high school back home. I thought I would knock him on his butt, but at the same time [P_4—You could understand it] I didn't want to. Not that I felt any better, . . . [*Therapist*—Mhm] and I am not any better than K. F. Jones but as a human being I wanted to be treated as one. [Pause] I mean, he's good or he wouldn't be in the position he's in.

T: And yet he didn't really treat [P_3—Yeh, didn't care] you as you hoped.

Number 89

T: It was almost as though you were responsible for her heart attack.

P_1: Well, yes.

T: Because you . . .

P_1: She had a heart attack like I've got a sore foot. [Scornfully] But the point is, Dr. Jones, at times I hate her, I hate her so . . . I can't . . . dare think about it but what I get sick, [shouting] and yet she has many good points, and my husband loves her, and he . . . she's his mother. [Tenderly] We go there occasionally, not any more than I have to, but I'm friendly with her and she's very helpful if I am ill and we need, . . . something sent over in the line of food she's apt to send it, but uh . . . another thing, I hate this constant "Poor James. He's had so much to put up with, with uh . . . Helen . . . with this nervous condition she has. It's sad." [Mockingly]

T: They take rather a . . . something of a patronizing attitude toward you? You hate her and yet the things that she does are not such that you can really come out and express it because she presents it as though she's really helping you. [Haltingly]

P_1: Oh, several times I went to him and I said "We're going to take him, now that's all," I said, "he's our . . . some of this is ridiculous," and even though I do have two other children, I . . . we want him. He's ours. And then maybe something would come up where . . . I wasn't able physically to take on that. Then we'd come to the point where we needed help. Well, naturally, they would offer to take David . . . [Long pause] I've often wondered if I blame myself because I didn't keep him. Maybe he . . . maybe I felt that if I had had him, this wouldn't have happened, which is silly, because he, he had uh . . . virus pneumonia with measles and asthmatic condition which . . . [Voice fades] It wouldn't have made any difference. [Dejectedly]

T: But you feel guilty about that?

P_1: I didn't know I did. I . . . I . . . I don't know if I do, but I know that it makes me very unhappy when I think about it. At the time of his death I thought I'd accepted it very well, and . . . I trained myself not to be overemotional about it or dramatize the situation, I . . . I . . . I hated that sort of thing where she kept his shoes under his bed for two years after he was dead, had pictures taken of him in his casket. [Sadly] Morbid things. [Emphatically]

P_2: Why do people do things like that?

P_1: I don't know. [Yelling]

P_3: Take pictures of people in their caskets?

P_1: I think that's the most horrible thing. And she gave me one of these enlarged . . . pictures of my little boy, and I don't want it, I want nothing to do with it! [Rapidly]

TABLE A1

SCALE VALUES ASSIGNED TO SELECTED SAMPLES

Conditions	Sample No. 4	Sample No. 16	Sample No. 18	Sample No. 48	Sample No. 89
Criteria:					
Process Scale	37	53	86	64	76
Insight Scale	2	5	5	5	6
Personal Reference Scale	44	98	86	99	112
Therapist Conditions:					
Empathic Understanding	3	4	9	7	4
Accurate Empathy	1	2	8	8	8
Genuineness or Self-Congruence	6	7	9	6	6
Unconditional Positive Regard	4	1	8	7	8
Leadership	3	4	7	3	6
Responsivity	3	6	2	9	4
Assumed Similarity	3	3	7	5	5
Group Conditions Under Control of Therapist:					
Concreteness or Specificity	3	3	6	7	8
De-individuation	7	4	4	3	4
Empathic Understanding	3	4	4	7	5
Unconditional Positive Regard	5	4	5	4	5
Cooperative Spirit	3	3	3	5	3
Sociability	5	5	5	3	4
Group Conditions Indirectly Influenced by the Therapist:					
Genuineness or Self-Congruence	4	4	7	6	7
Cohesiveness	5	5	6	7	7
Ego Involvement	3	6	8	8	7